

# Integrated Working Quarterly Update Report

## Q1 2015-16

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### Introduction

This report examines a wide range of data aiming to provide a factual baseline to the implementation and delivery of coordinated, multi-agency working in Richmond and Kingston, as described below:

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## 1. Overview of Integrated Working (IW) across Achieving for Children

The *Integrated Working Quarterly Update Report* provides an overview of contextual *cumulative CAF data* and an in depth review of *the most recent quarterly activity* for Richmond and Kingston.

This is the first quarterly report for 2015-16, looking at April-June 2015

During this quarter we had Ofsted in Kingston. Front-line practitioners and managers across *Children's Social Care* and *Protection and Early Help* services spend time with the inspectors for four weeks, to demonstrate how children and families in Kingston are safeguarded and receiving the services they need in a timely and coordinated way.

The learnings from the inspection are being shared with Richmond teams. The Ofsted report will be published in early August.

### 1.1 At a glance in Richmond

There was a 22.7% *decrease* in the number of new CAF during Q1 2015-16 compared to the same time period last year.

The number of ongoing CAFs has slightly reduced, with **165** in place by 30 June 2015. However this is comparable to Q4 2014-15, ensuing from the current approach to delivering early help. A more in depth overview is available on *page 17* of this report. It is expected for numbers to level over the next few months.

When looking at CAF closures, interventions achieving *all or some outcomes* decreased to 53% during this quarter. Most families experienced a *positive distance travelled*.

Positively, the number of *step-ups* to statutory services also reduced during Q1 2015-16.

### 1.2 At a glance in Kingston

The number of new CAFs in Kingston have more than *doubled* during Q1 2015-16 compared to the same time period last year.

The number of ongoing CAFs slightly increased, with **171** in place by 30 June 2015, which is comparable with ongoing numbers in Richmond.

When looking at CAF closures, interventions achieving *all or some outcomes*, decreased to 56% during this quarter. Most families experienced a *positive distance travelled*.

There was also a slight *increase* in the number of *step-ups* to statutory services.

### 1.3 CAF form re-design and Systems update

The process for developing and implementing the shorter CAF form will be part of a wider system's development project, which aims to deliver a more seamless approach to assessment and information sharing across preventative services in AfC. The project team will commence work shortly and involve partnership collaboration as relevant.

## 1.4 Single Point of Access (SPA)

**Richmond SPA** had 4215 calls during Q1 2015-16. Of these, 1.59% were abandoned after the caller listening to the recorded message; 35.14% of the calls answered were transferred out to other departments and 20.17% of calls were consulted with other departments / services before further action was taken by the Customer Service Adviser.

On average, calls were answered within 16 seconds, with 93.05% of calls answered inside the 20 second target.

There were 2994 contacts raised on the ICS by SPA for Q1, with 21.91% raised for the 0-4 age group, 30.66% for the 5-10s and 47.43% for the 11-19 age group. For 98.5% of the contacts raised on the ICS a decision was made within the same day, with 1.2% made within the following working day.

When looking at the source of the calls, 26.94% of contacts came from the Police, 11.62% from Schools, 9.95% from internal sources and 7.98% from out of hours. With regards to the reason for contact 20.76% of contacts were in relation to child mental health, 14.32% were requesting information and guidance and 11.24% were in relation to domestic violence.

SPA's action resulted on 28.96% of contacts referred for support within PEH, with 12.22% of them linked to an existing referral; 19% of cases were provided with advice and information; 8.25% were progressed as a new referral to Social Care, whilst 11.09% had no further action on the contact received in to the SPA.

*The SPA recommended partner agencies complete CAF's with families on two occasions in the first quarter, with follow-ups by the Integrated Working Team to establish whether the recommendations have been followed, taking place within the next few weeks.*

**In Kingston** there were 4076 contacts raised on the ICS by SPA for Q1 2015-16 – with 25.76% raised for the 0-4 age group, 34.64% for the 5-10s and 39.6% for the 11-19 age group.

When looking at the source of the calls, 31.13% of contacts came from the Police, 10.62% from Schools, 9.13% from internal sources and 7.36% from GP's. The reason for contact showed that 43.87% were requests for information and advice, 10.70% were in relation to child mental health and 9.76% related to domestic violence.

SPA's action resulted on 25.25% of contacts provided with information and advice, 24.56% of contacts referred to other family support agencies, 13.89% of contacts progressed as a referral to Social Care, and 16.36% had no outcome recorded on them, whilst 10.89% had no further action on the contact received in to the SPA.

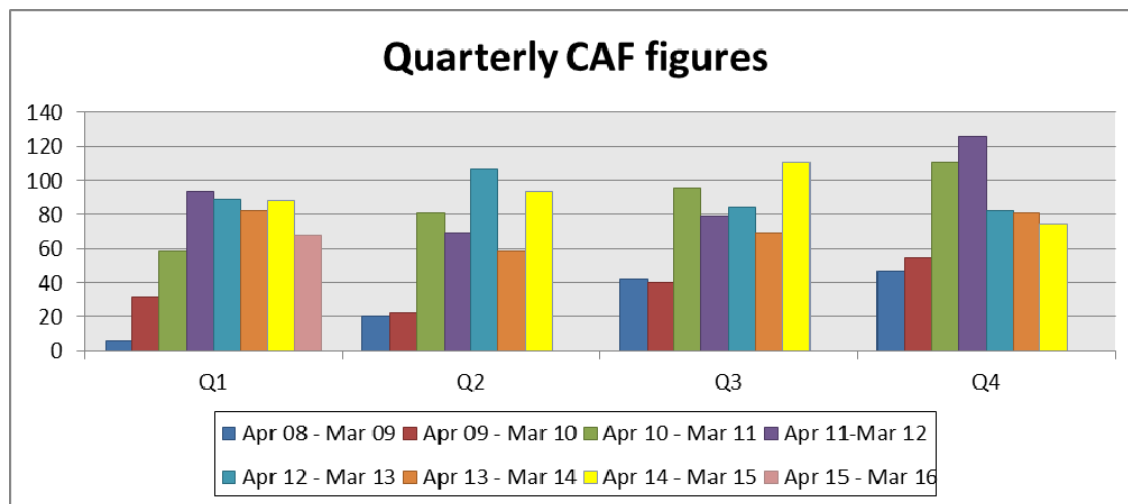
*The SPA recommended partner agencies complete CAF's with families on four occasions in the first quarter, one CAF was initiated without the the Integrated Working Team needing to follow up, the family did not consent on another, and the remaining two are still within timescales.*

## 2. Richmond borough wide CAF data

### 2.1 Number of recorded CAFs and demographic information

The CAF is the *assessment and planning tool* utilised to deliver preventative *child and family centred* multi-agency interventions, coordinated by a *lead professional (LP)* and supported by the *team around the child / family (TAC/TAF)*.

A total of **2006 CAFs** have been undertaken in Richmond between April 2008 and June 2015 – including **68 new cases during Q1 2015-16**.

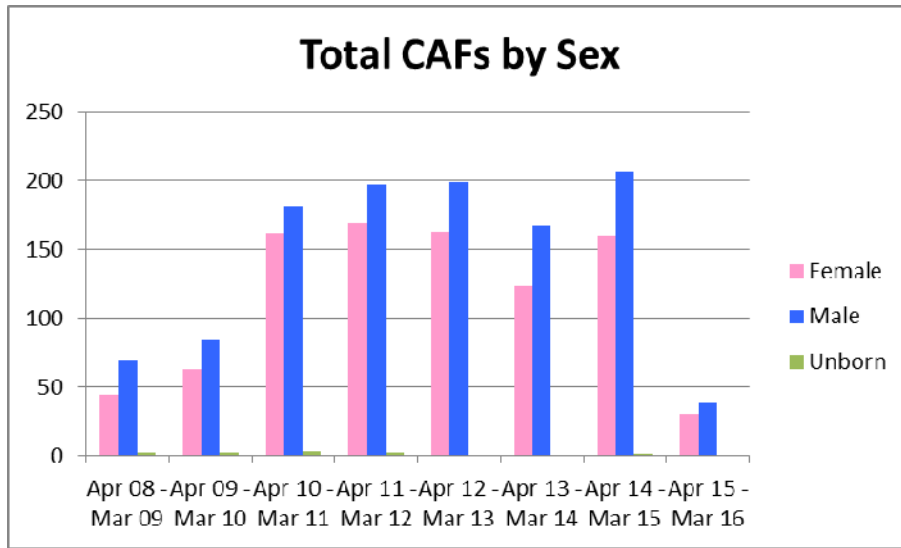


There was a 22.7% decrease in the number of CAF during Q1 2015-16 compared to the same time period last year.

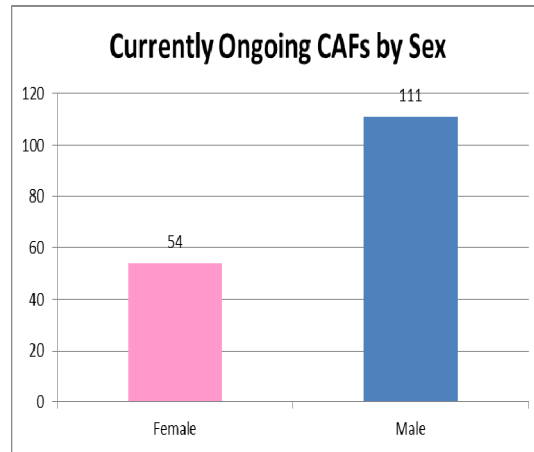
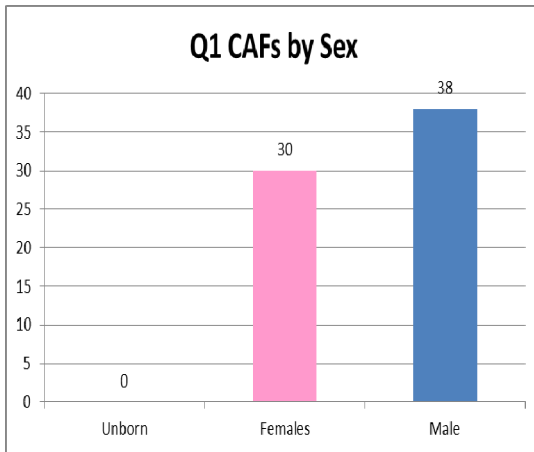
A total of **165 CAFs** were ongoing at 30 June 2015 and further **98 eCAF**s were *in draft*<sup>1</sup>.

<sup>1</sup> This means that the family have given verbal consent and the CAF assessment has started.

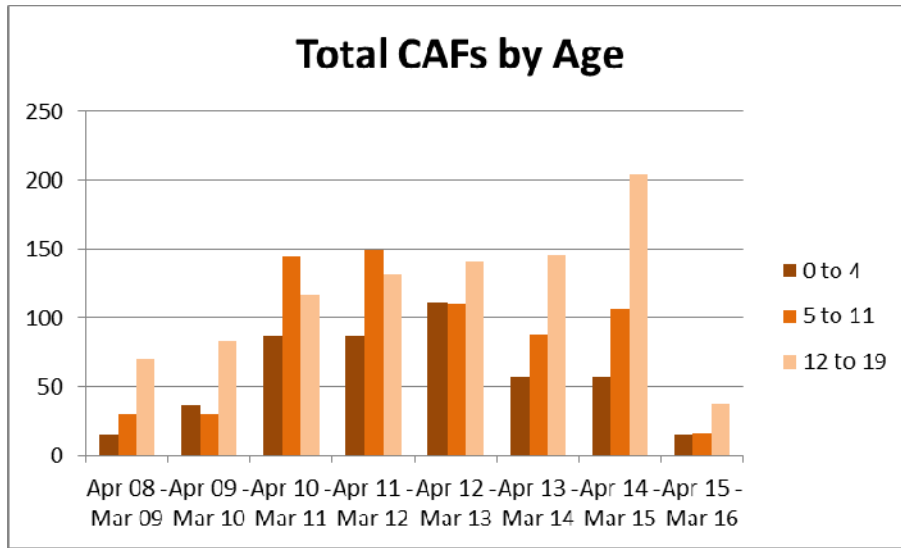
Consistently more males than females have been supported via the CAF process in Richmond.



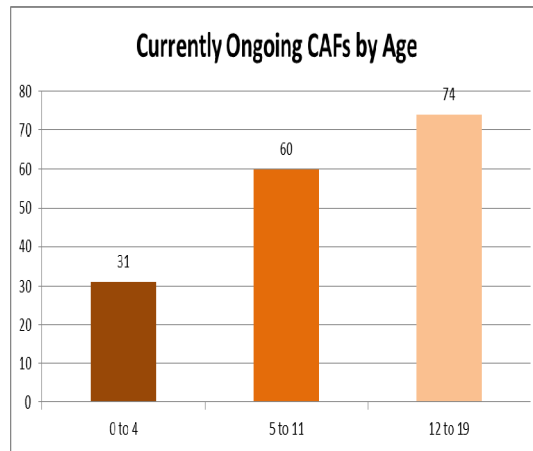
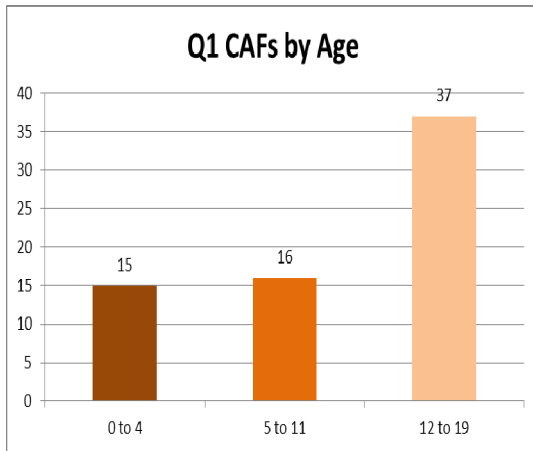
The trend remains when looking at new CAFs initiated during Q1 2015-16, as well as those currently ongoing:



The age group with the higher number of CAFs in Richmond has been the *12-19 years old*.

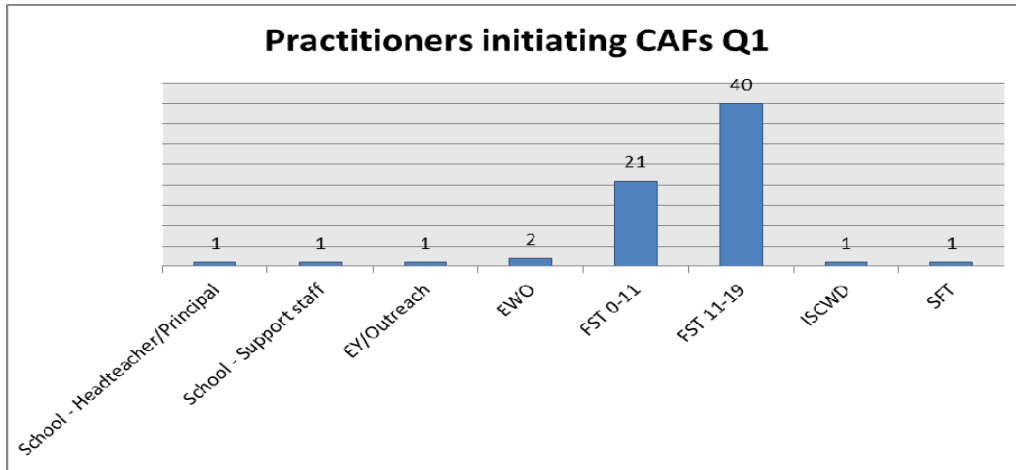


The trend remains when looking at new CAFs initiated during Q1 and for those currently ongoing.

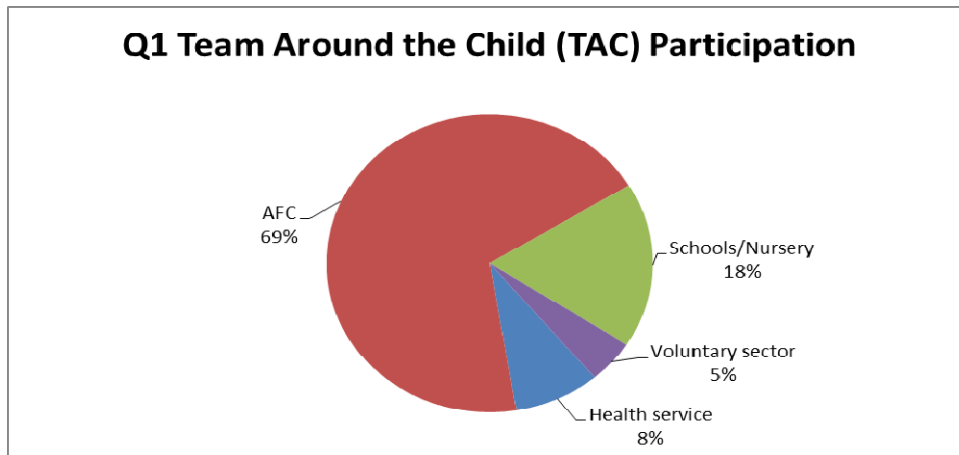


**2.2 Practitioners across all agencies are involved in the CAF process**

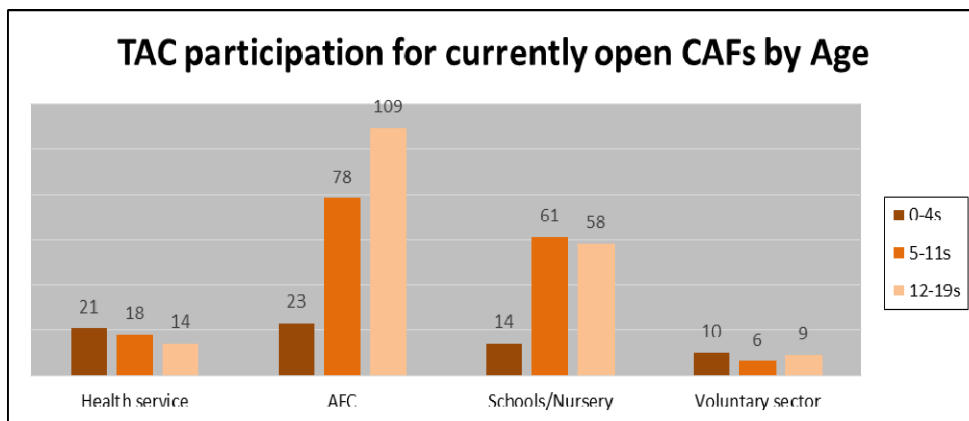
CAF initiations during Q1 2015-16 have been as follows:



Team around the child (TAC) participation for ongoing CAFs during Q1 is shown below:

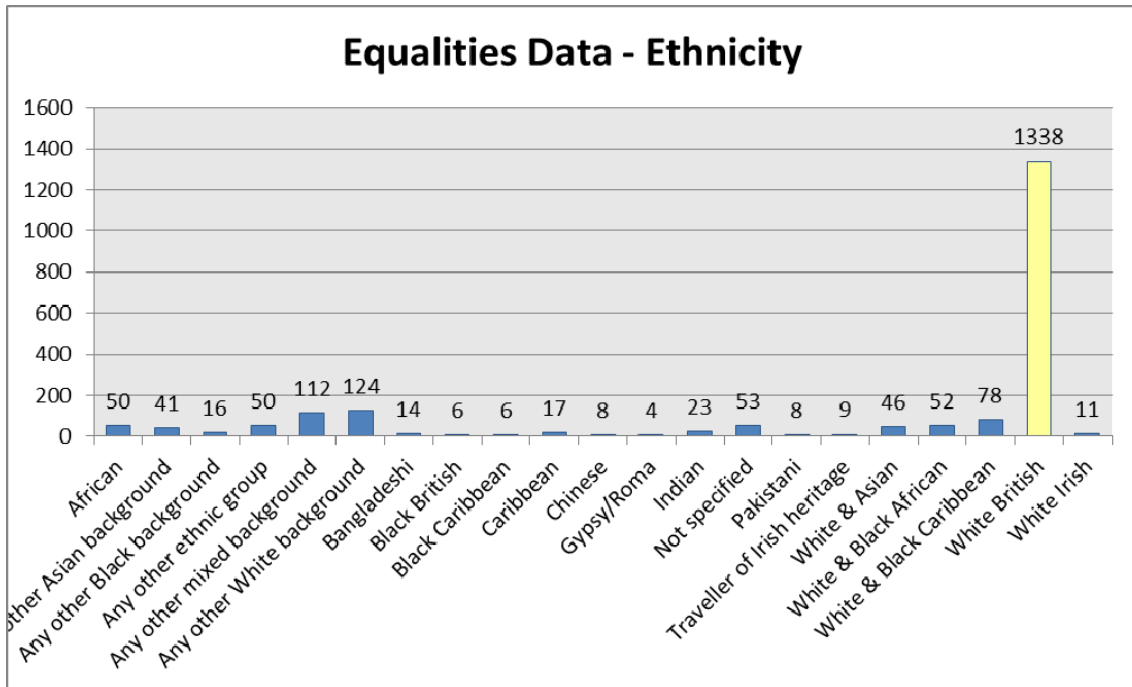


Current TAC multi-agency support in relation to age groups shows the following involvement:

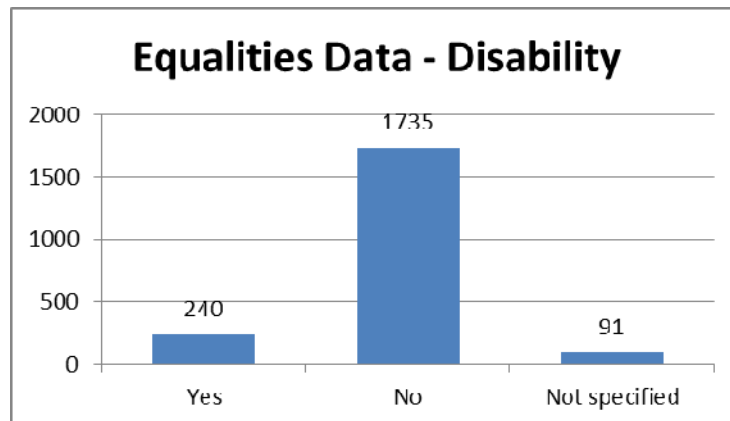


### 2.3 Equalities data

The CAF is used across various ethnic backgrounds:



In some cases, it is also relevant to use the CAF process to support children with disabilities:

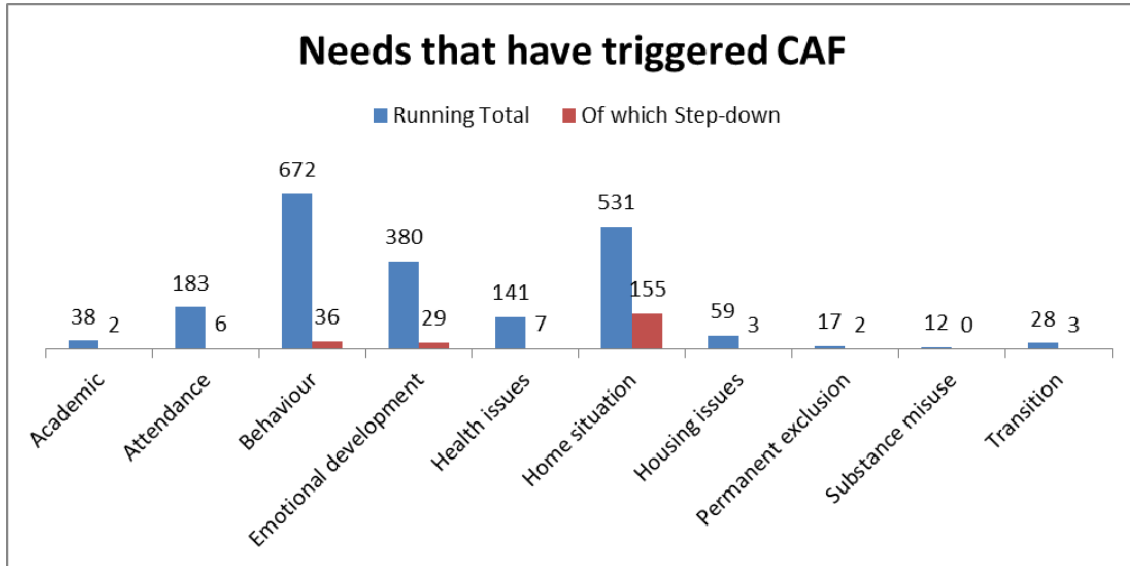




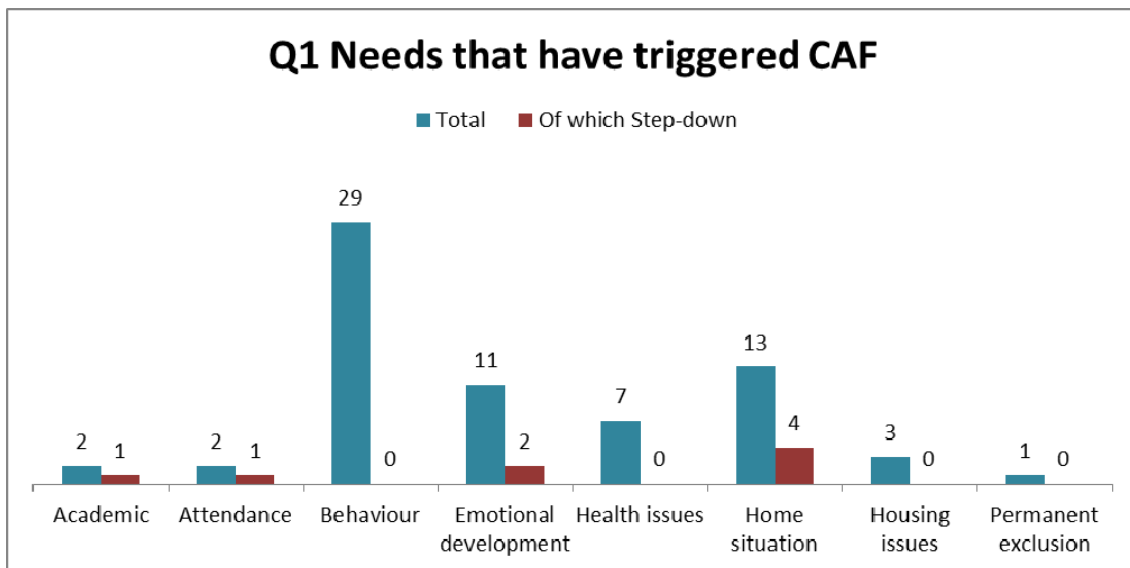
## 2.4 Needs that have triggered CAF

The three main needs that have triggered CAFs in Richmond are: *Behavioural Issues*, the *Home Situation*, and the child / young person's *Emotional Development*. These reasons have remained consistent over time, as shown by the cumulative totals in the chart below.

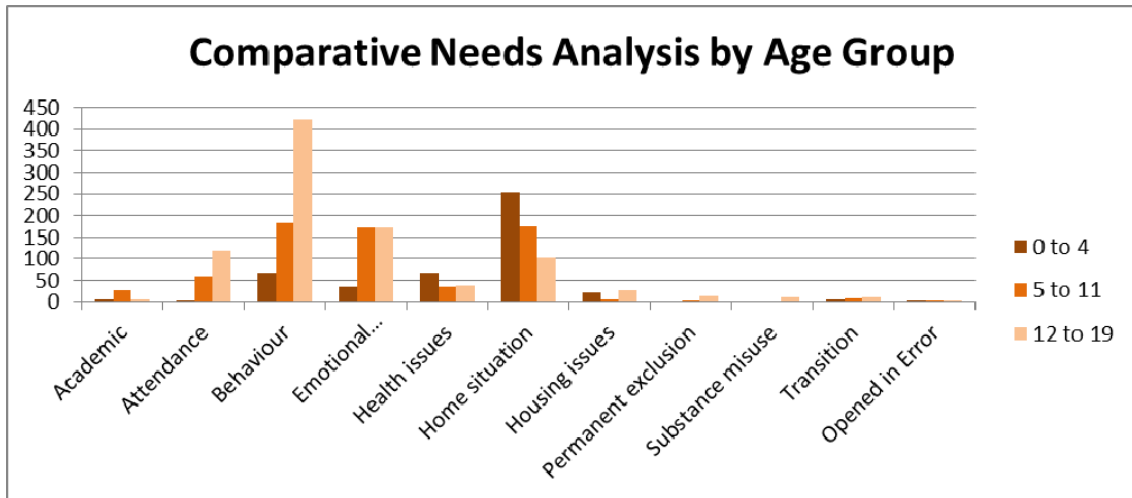
Just over 29% of cases triggered by the *Home Situation* are *step downs*. However, step-downs represent 11.8% of CAFs when considered across all trigger needs. This proportion has also been fairly consistent over time.



The trend remains for new CAF initiations during Q1 2015-16:

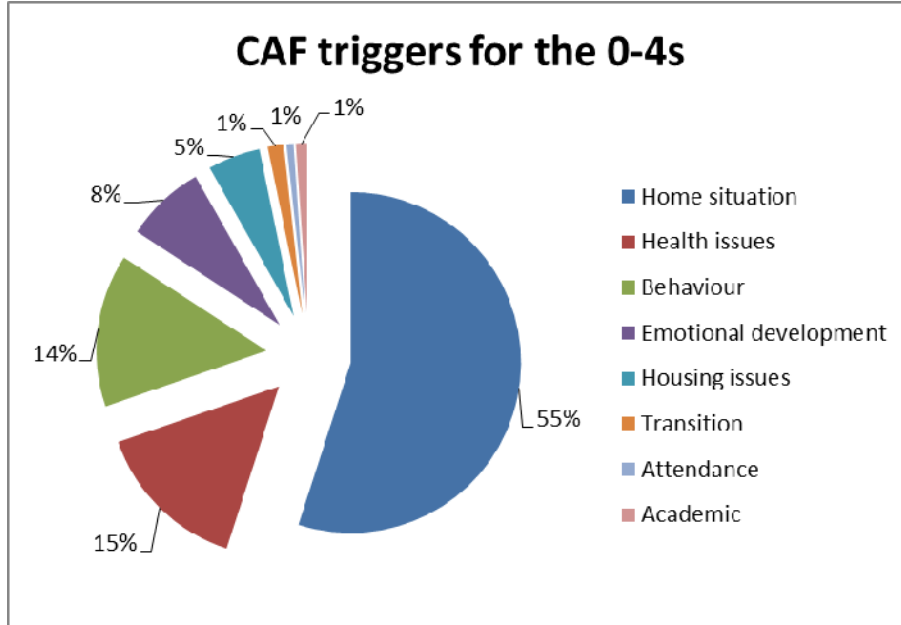


2.5 A Cumulative Comparative Needs Analysis by age group is shown in the graph below:

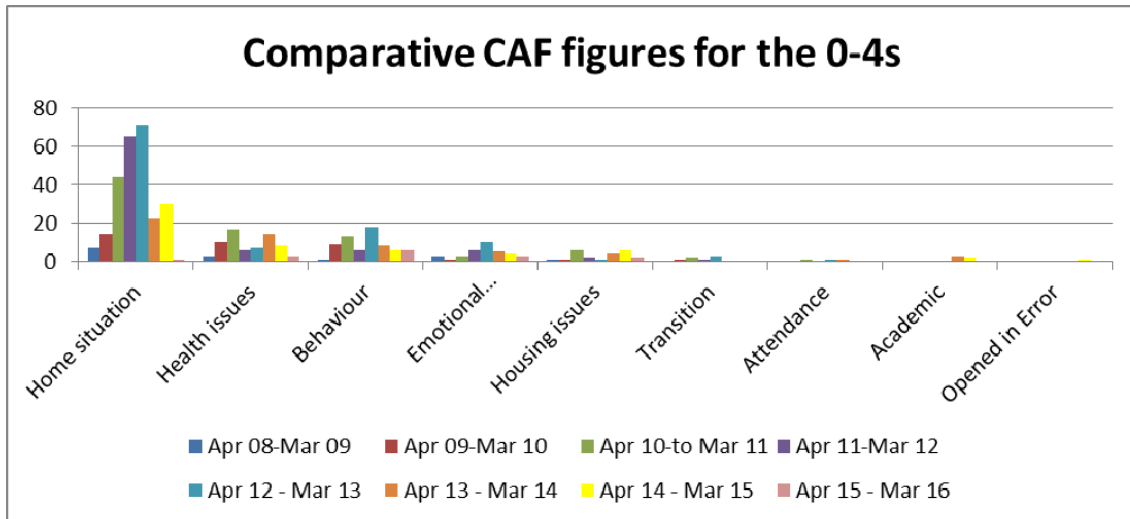


The aggregated detail analysis within each specific group shows:

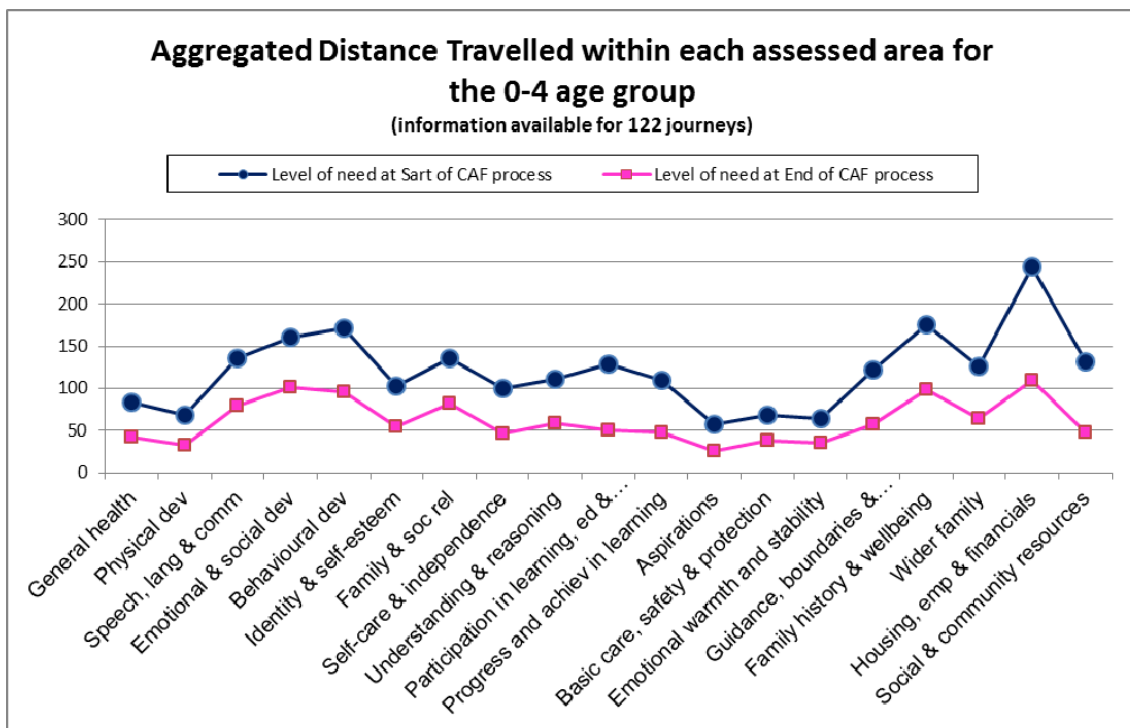
**0 to 4s** – *Home situation* has largely been the key CAF trigger for this age group, followed by *Health issues*, and *Behaviour*.



These three key triggers have remained fairly consistent over time:



**Distance Travelled** information shows that on average, families have perceived improvements in all areas at the end of their CAF journey:

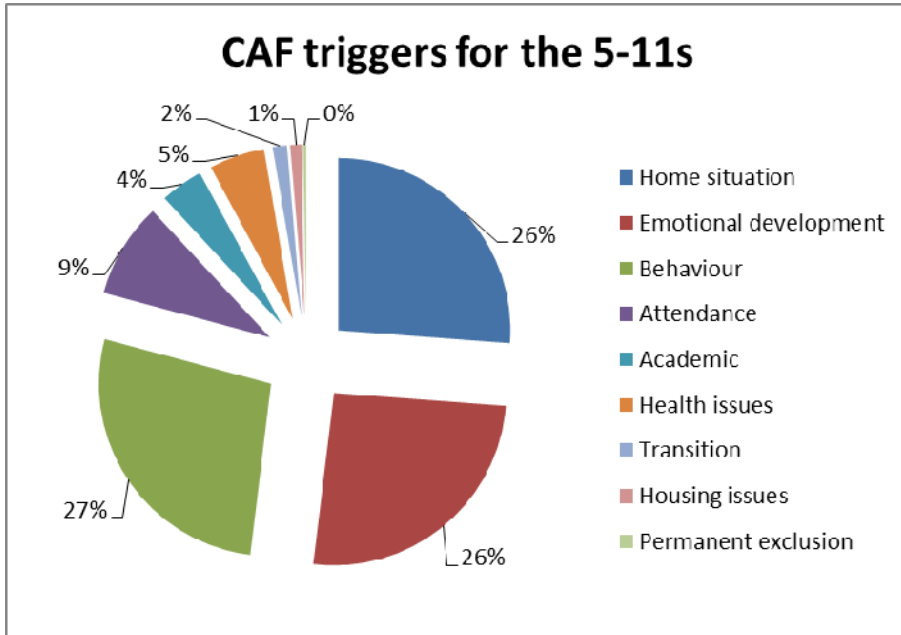


**Home situation** is the big trigger for CAFs for the 0-4s. Close to 30% of cases are a *step-down* from statutory services and present added complexities such as *parental mental health* and *domestic abuse* (identified in just under 40% of cases); *financial issues* were present in nearly 30%, with over **55%** of cases in this category **having 2 or more** **think family issues**.

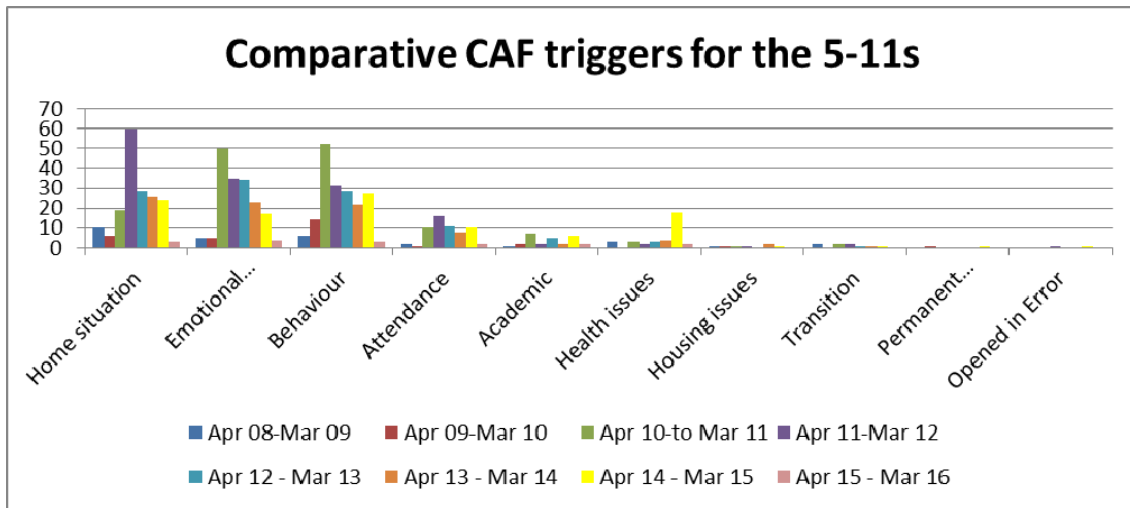
**Looking at outcomes**, 246 out of 254 interventions triggered by the *Home situation* have now closed:

- 67% achieved all or some outcomes; and
- 21% stepped up to statutory support – 37% of these had been step-downs.

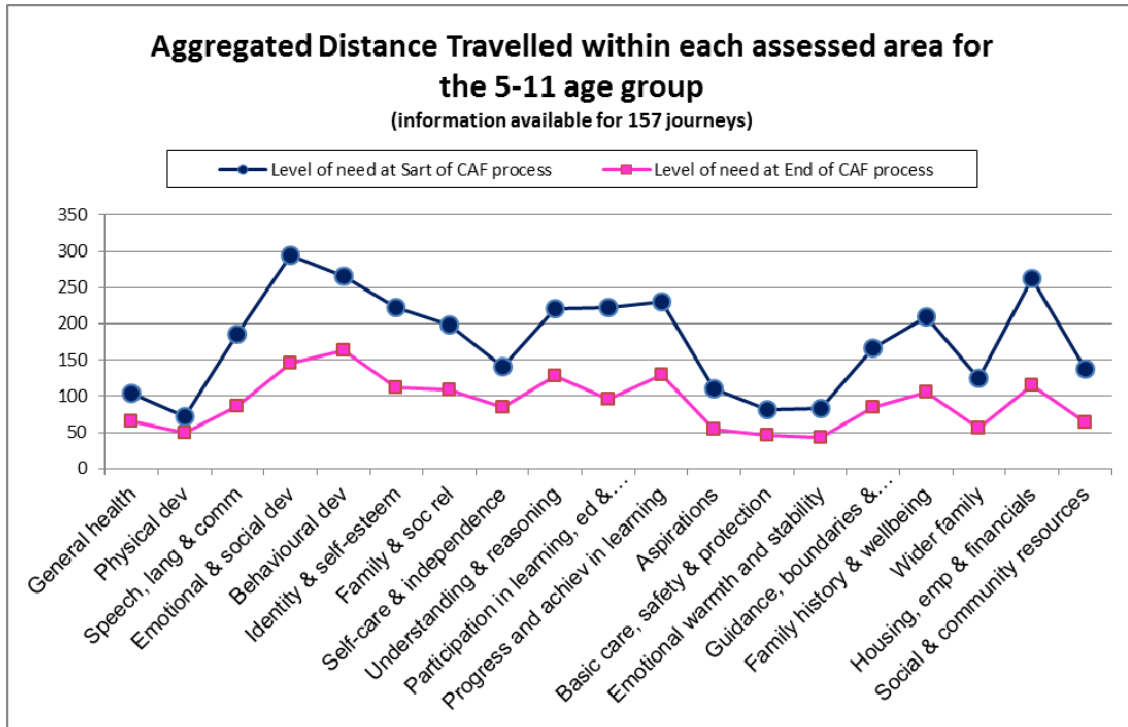
**5 to11s** – *Behaviour, Emotional development and Home situation* are the three key CAF triggers for this age group.



These triggers have remained fairly consistent over time.



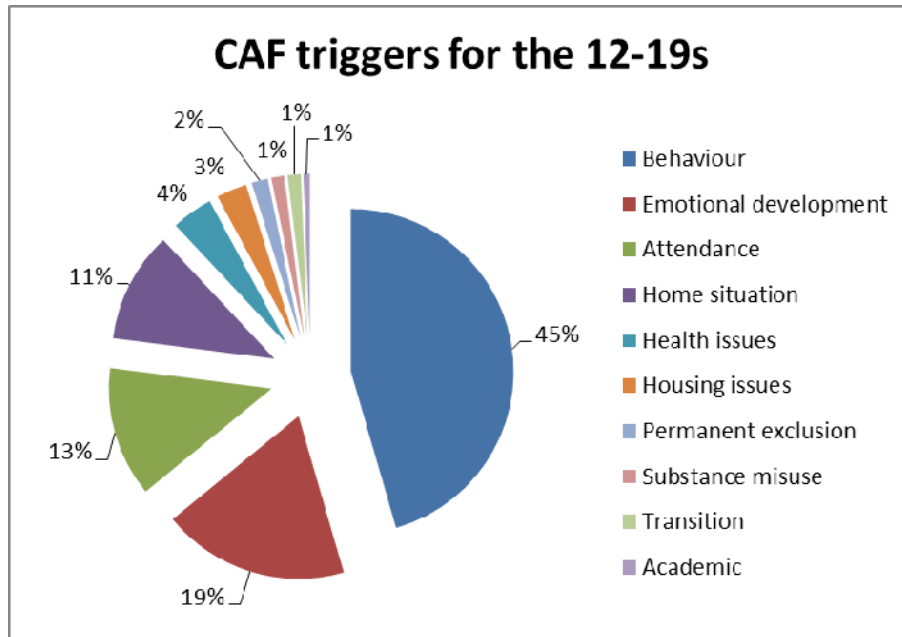
**Distance Travelled** information shows that on average families have perceived improvements in all areas at the end of their CAF journey. Less change was perceived around *Physical development*.



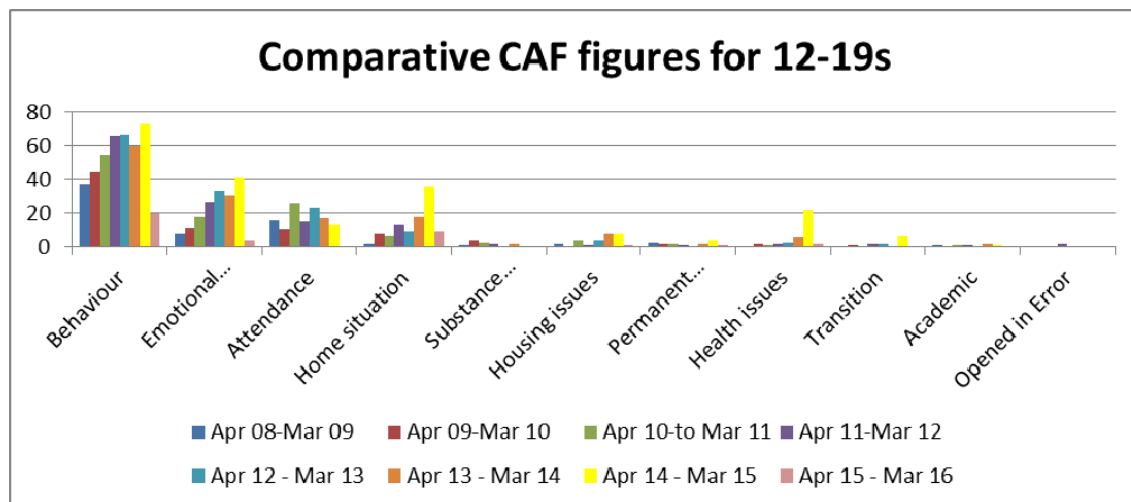
**CAFs outcomes** at closure for the key triggers in this age group show:

- 165 out 183 interventions triggered by **Behaviour** issues have now closed:
  - 61.8% achieved all or some outcomes; and
  - 18.1% stepped up to statutory support.
- 166 out of 177 interventions triggered by the **Home situation** have now closed:
  - 57.8% achieved all or some outcomes; and
  - 24.3% stepped up to statutory support – of these 53% had been step-downs.
- 157 out of 173 interventions triggered by **Emotional development** have now closed:
  - 75% achieved all or some outcomes; and
  - 10% stepped up to statutory support.

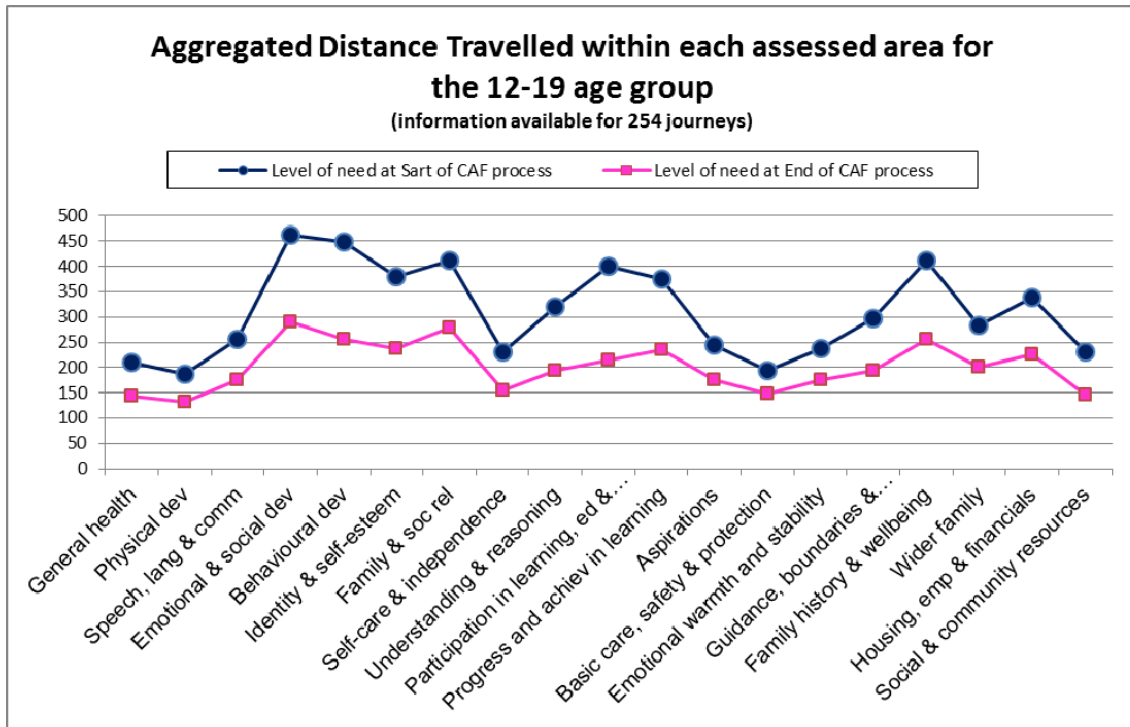
**12 to 19s** – Behaviour is by far the highest CAF trigger for the 12-19s. Emotional development and Attendance are also in the top three.



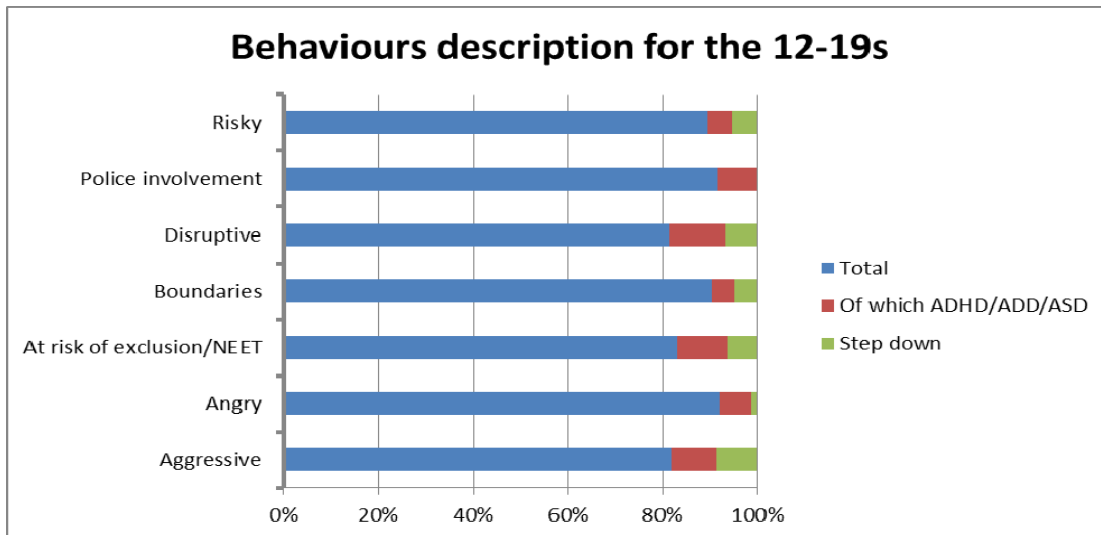
These triggers have remained fairly consistent over time.



**Distance Travelled** information shows that on average families have perceived improvements in all areas at the end of their CAF journey.



**Behaviour** has consistently been the key CAF trigger for this age group, representing nearly half of all needed support. The graph below shows how *Behaviours* have been described by practitioners, as well as instances of *ADHD / ADD / ADS*, and those that were *step-downs* from statutory services.



**Looking at outcomes**, 385 out of 422 interventions triggered by **Behaviour** issues have now closed:

- 57.6% achieved all or some outcomes; and
- 19.5% stepped up to statutory support.
- Further 12% did not engage.

## 2.6 Think Family

The top three *Think Family* strands identified via the CAF process in Richmond overtime include *Domestic abuse*, *Parental mental health*, and *Financial issues*.

*Long term illness/disability* has featured highest during the Q1 2015-16 and there has been a big increase on *Chaotic home life*.

Over **35% of CAFs** have highlighted two or more *Think Family* issues.

Cumulative Think Family strands identified via the CAF process									
	Apr 08 Mar 09	Apr 09 Mar 10	Apr 10 Mar 11	Apr 11 Mar 12	Apr 12 Mar 13	Apr 13 Mar 14	Apr 14 Mar 15	Apr 15 Jun 15	Running Totals
Domestic Abuse	7	27	73	82	111	64	80	14	458
Bereavement	7	10	29	47	30	31	31	3	188
Chaotic home life	0	4	8	4	3	1	0	11	31
Financial issues	5	14	35	64	69	63	76	15	341
Homelessness	2	2	2	7	5	4	0	1	23
Illness/disability	2	4	12	33	28	48	92	17	236
Parental mental health	13	15	57	76	95	67	76	16	415
Overcrowding	0	4	16	16	24	35	46	7	148
Family Member in prison	1	2	16	10	24	17	13	3	86
Substance misuse	6	23	45	47	63	36	39	5	264
Unemployment	0	2	16	14	26	33	52	9	152
2+ issues	16	44	95	118	151	109	131	24	688

**Note:** It is worth noting that **some of these may be historical** (notably Domestic abuse) and not necessarily happening at the time of the CAF assessment. However, these may still be having an impact for the family; it is likely that in order to support these cases, LPs may have to engage adult services as part of the TAC.



## 2.7 CAF Status at closure

**165 CAFs** were ongoing at 30 June 2015. This is yet again the lowest number of ongoing CAFs if compared to the last few years, though on a par with numbers during Q4 2014-15.

In this case, lower CAF numbers are not necessarily a negative, but rather a reflection of arguably a more mature approach to *prevention* and *early help*:

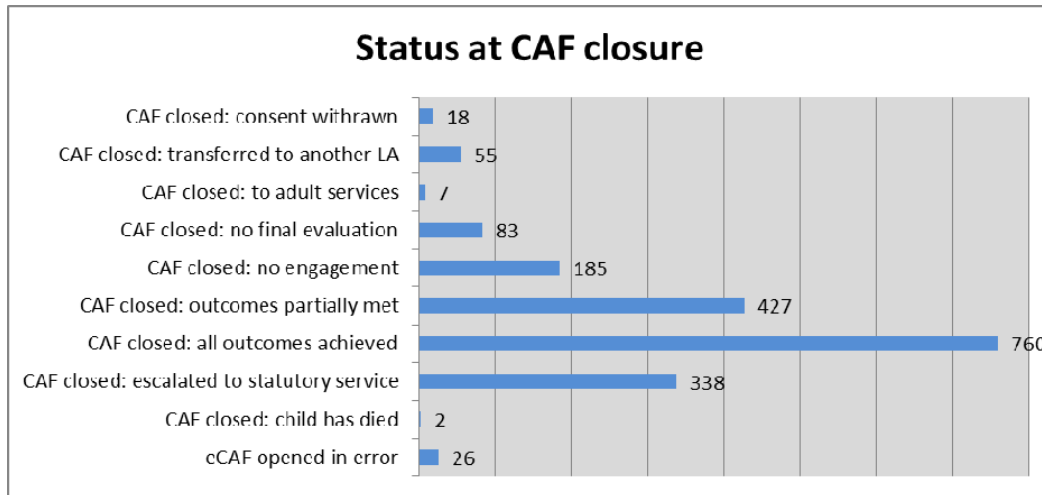
- *Prevention* as ensuring there is a safety net for issues to be addressed *before they actually happen* – achieved by developing provision and supporting Universal services at those really early stages;
- Delivering *early help* – where *some complexity has already set in* – by providing the necessary *targeted interventions* to address emerging needs, primarily the realm of the CAF.

Additionally, the *Information, Advice and Guidance* (IAG) function within Family Support Services (FSS) deliver targeted support where needs call for a *short intervention* (typically around 6 weeks), not needing a TAC approach. IAG interventions are not supported via the CAF process.

There is also a different approach to step-downs: recognising that families have gone through the *Single Assessment* process during statutory involvement, the FSS lead professional coordinates a 3 month intervention aimed at delivering the *action plan provided by the social worker* at the time of the transition into early help. At the end of the three months, where the remaining issues have been addressed the case can successfully close; if risks return the case will step back up, and only those cases needing longer than 3 months FSS support will progress on to a CAF.

This model of working has helped *rationalise caseloads* within FSS – also reducing as a result, *the number of cases supported via the CAF process*.

**1901 CAFs** had closed by 30 June 2015 – including **81 during Q1 2015-16**. The chart below shows the reasons for closure for the cumulative number of closed CAFs:



### Of the 81 cases closing during Q1:

- 43 (53%) achieved all or some outcomes, and
- 11 (13.6%) stepped-up to statutory support

Looking at remaining closures, 14 (17.3%) were due to non engagement, and further 6 (7.5%) had consent withdrawn; 3 (3.7%) were opened in error; 2 (2.5%) moved out of borough; 1 case (1.2%) transferred to adult services, and 1 (1.2%) child died

## 2.8 CAF Journey: Distance Travelled Tool (DTT)

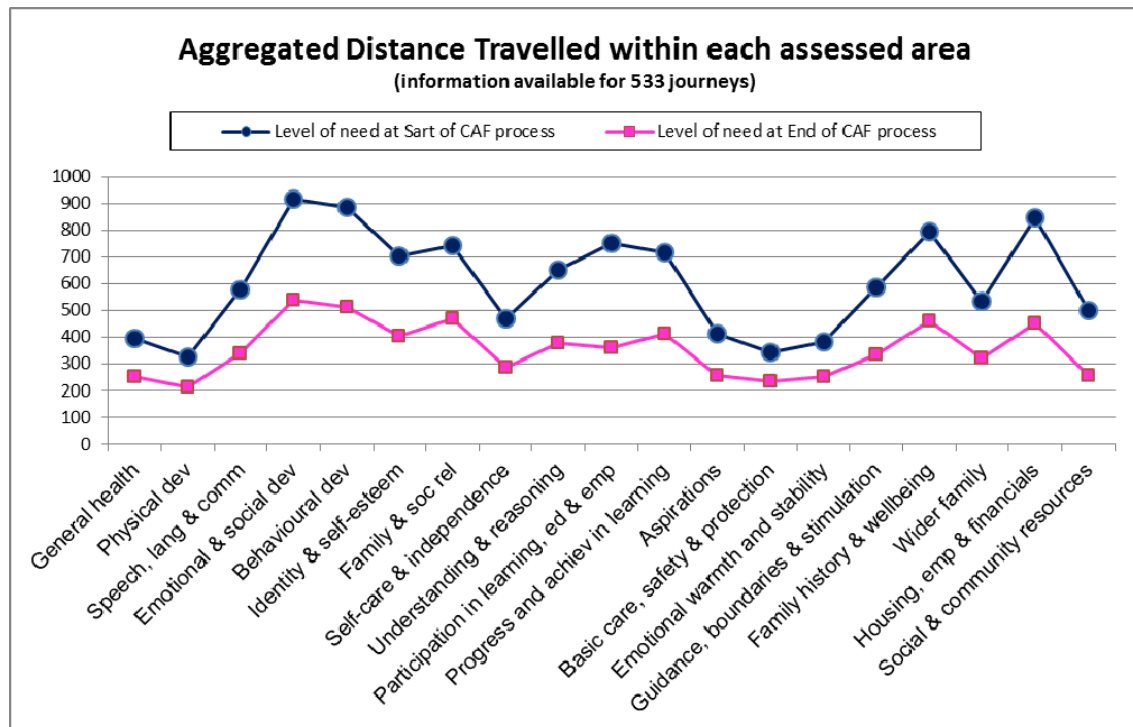
To help evidence how interventions are kept *centred* around children and families, practitioners have been using the DTT. This tool allows children and young people to *scale* their identified needs and *measure how they perceive they are progressing* as they work with the TAC towards achieving their outcomes.

**52 out of 81** CAF interventions closing this quarter had DTT information. The current cumulative DTT data in Richmond is **533 CAF journeys**.

Progress within individual areas of assessment *must be seen in the context of each individual case*. However, as an organisation, it is useful to consider the *aggregated impact* perceived by children and young people in the 19 areas assessed through the CAF process.

Overtime, this information is helping identify successes and areas for improvement, as well as informing service provision.

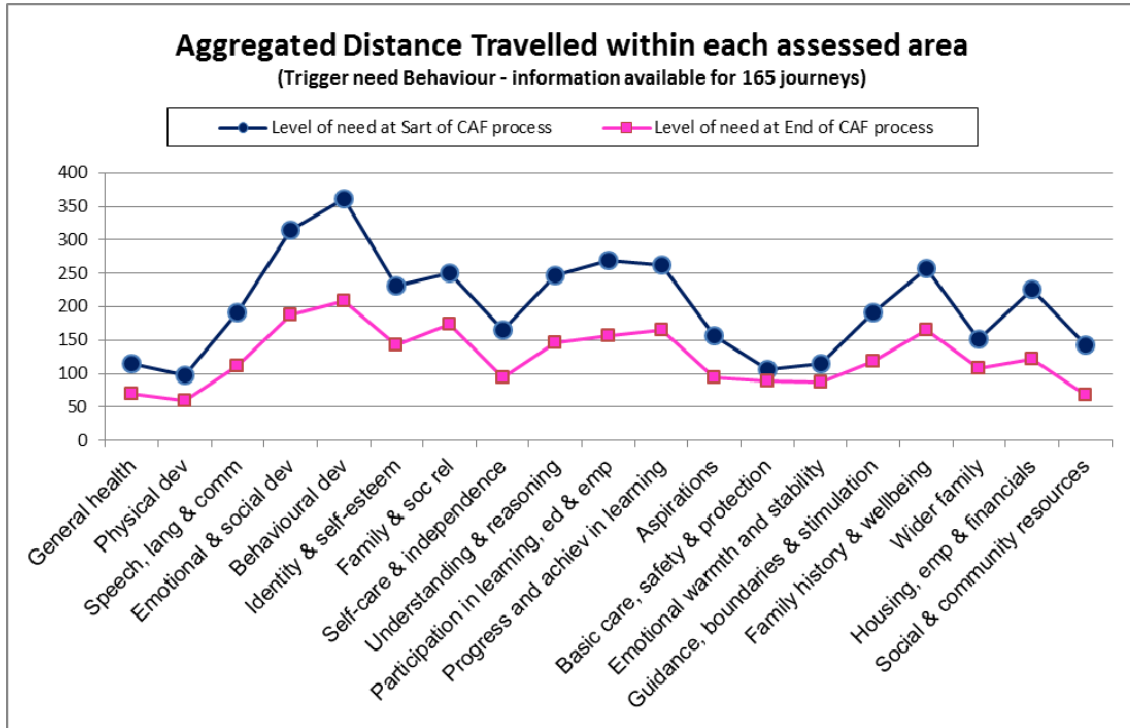
A graphical representation of the aggregated **533 CAF journeys** shows that on average, families have experienced a *positive* DTT in *all areas* following their CAF journey.



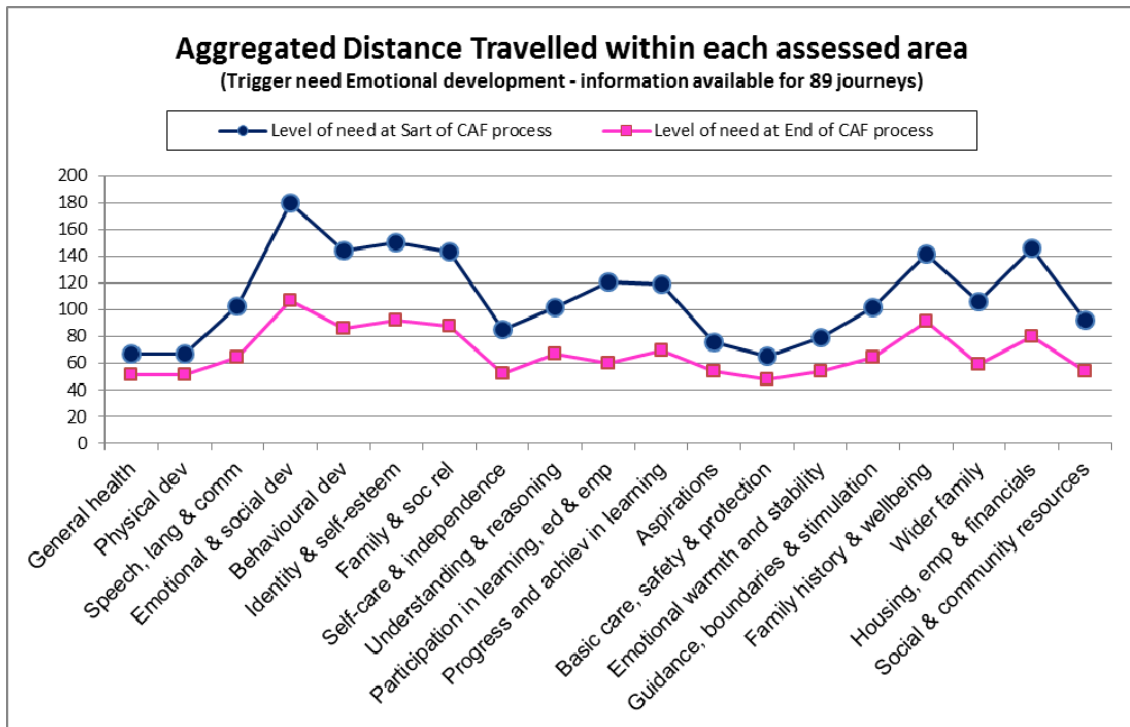
Looking at progress perceived by families in relation to the main need that prompted the CAF we can start building a picture of what *impact* interventions are having.

**DTT information linked to the three key triggers in Richmond shows:**

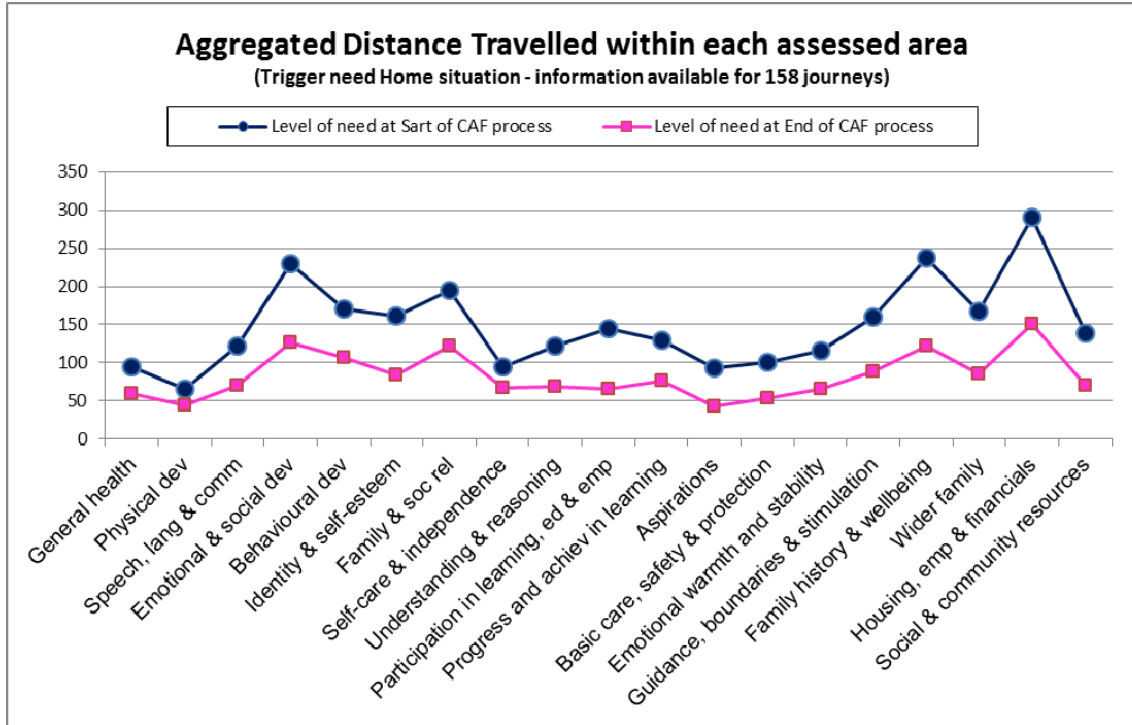
Where **Behaviour** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the trigger need itself. Less change was perceived around *Basic care, safety & protection*.



Where **Emotional development** prompted the CAF the overall DTT is *positive*; families have perceived progress in all areas, including the trigger need itself.



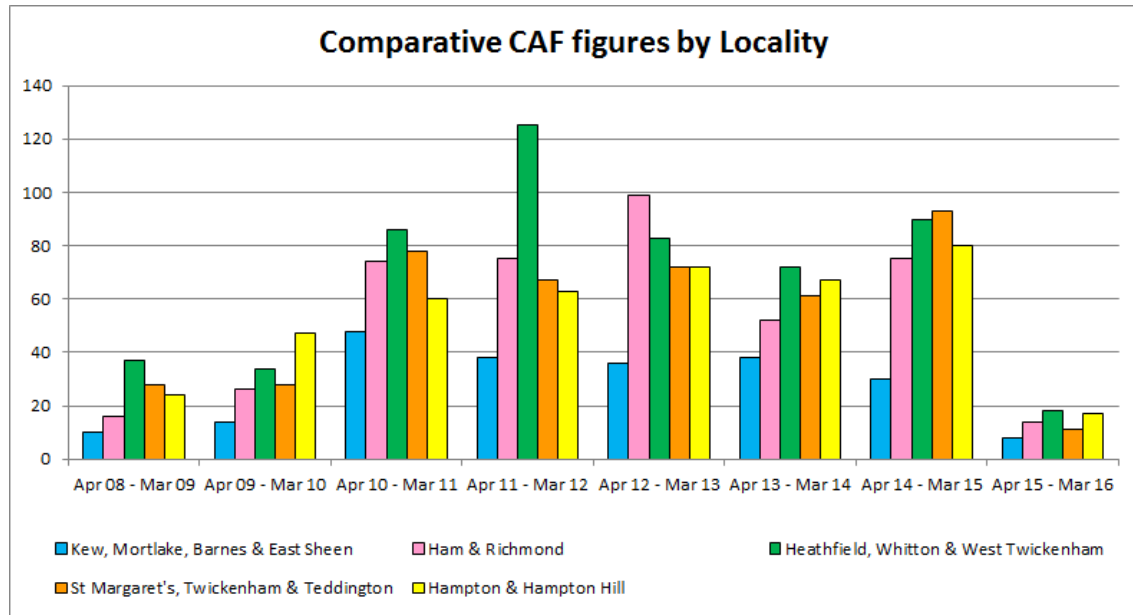
Where the **Home situation** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the ones relating to the trigger need itself. Less change was perceived around *Physical development*.



### 3. Richmond Localities CAF data overview

#### Number of CAFs and demographic information by locality

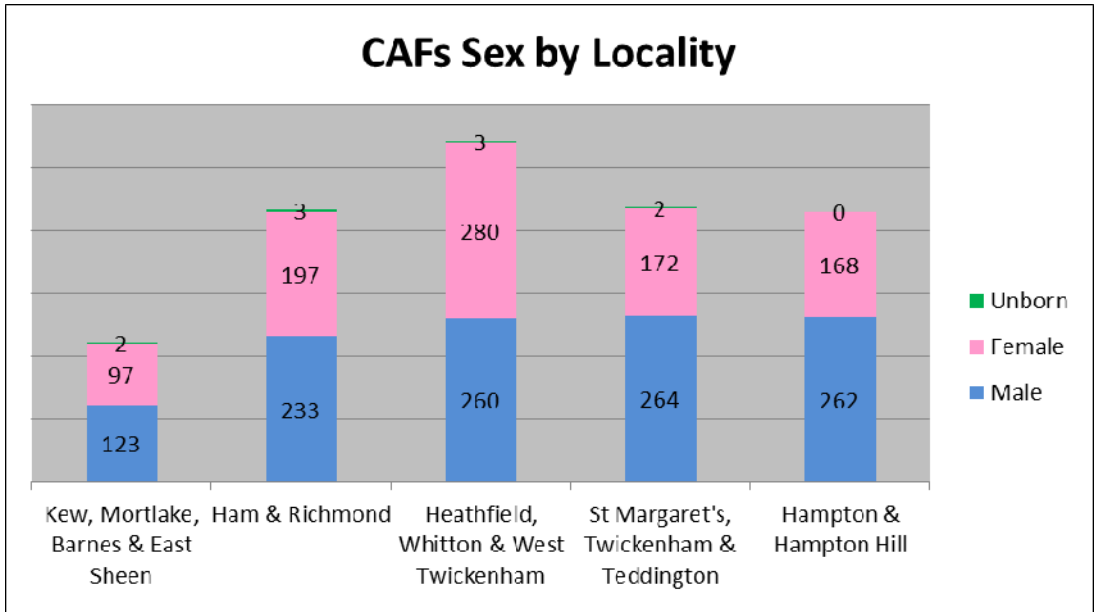
The chart below shows the *cumulative* number of CAFs per locality over time:



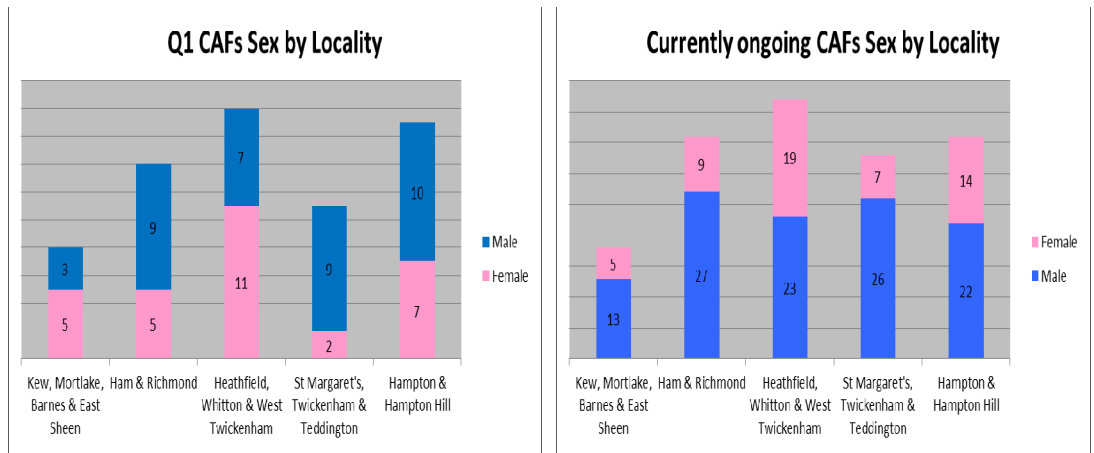
There were **68 new CAFs this quarter**, which match to the localities as follows:

- 8 new CAFs at Kew, Mortlake, Barnes & East Sheen;
- 14 new CAFs at Ham & Richmond;
- 18 new CAFs at Heathfield, Whitton & West Twickenham;
- 11 new CAFs at St. Margaret's, Twickenham & Teddington; and
- 17 new CAFs at Hampton & Hampton Hill.

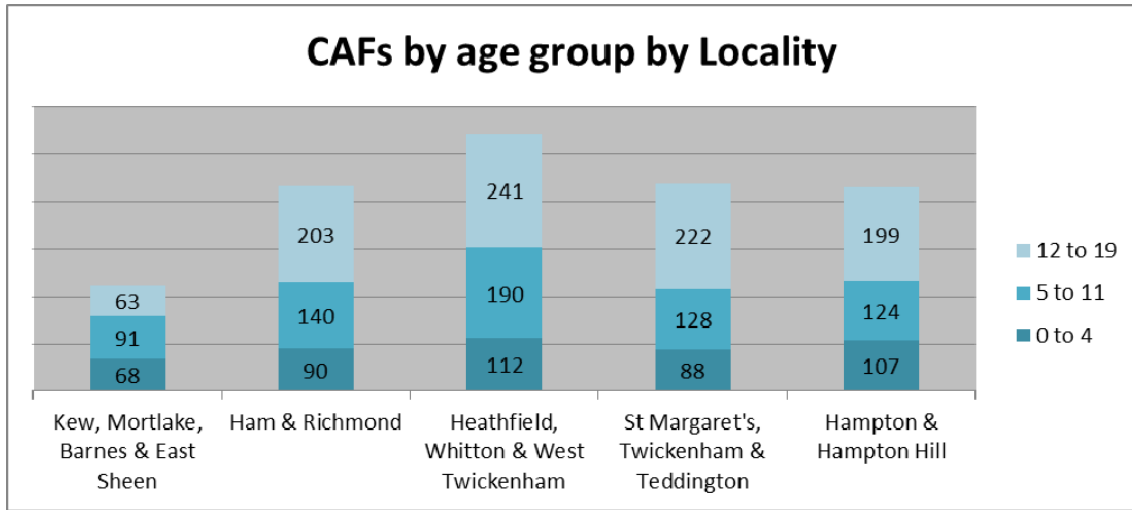
Whilst borough wide more males than females have been through the CAF process, female CAF numbers have historically been higher in *Heathfield, Whitton and West Twickenham* and *West Twickenham*.



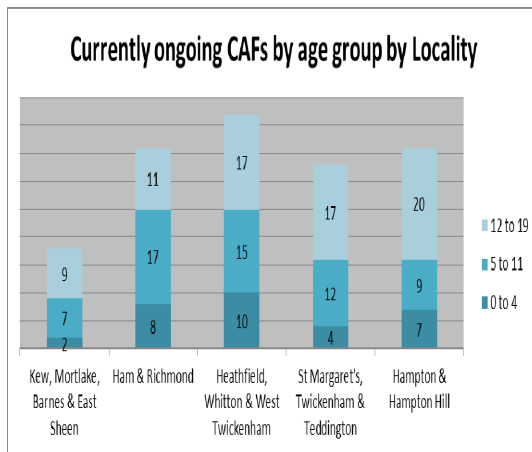
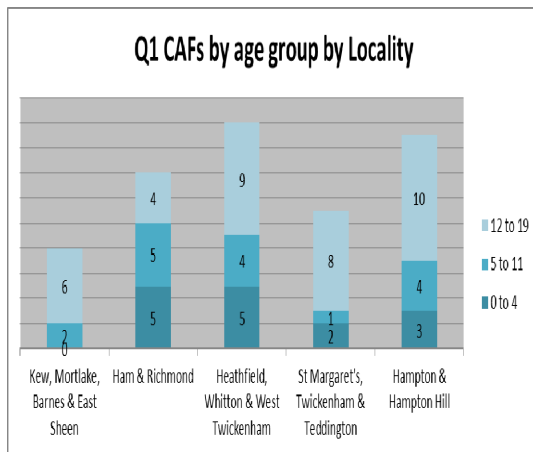
During Q1 2015-16 the trend remained for *Heathfield, Whitton and West Twickenham* and there were also higher numbers of female CAFs in *Kew, Mortlake, Barnes & East Sheen*. Overall, there are still more currently ongoing CAFs on males across all localities:



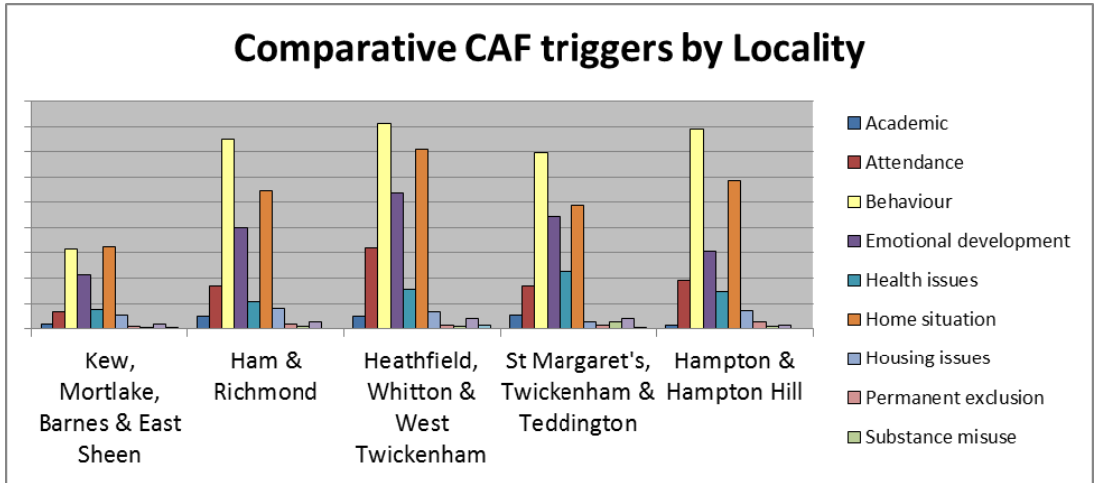
The 12-19 age group have the higher cumulative number of CAFs in four out of five localities. *Kew, Mortlake, Barnes & East Sheen* is the exception, where this age group actually has the lowest CAF numbers:



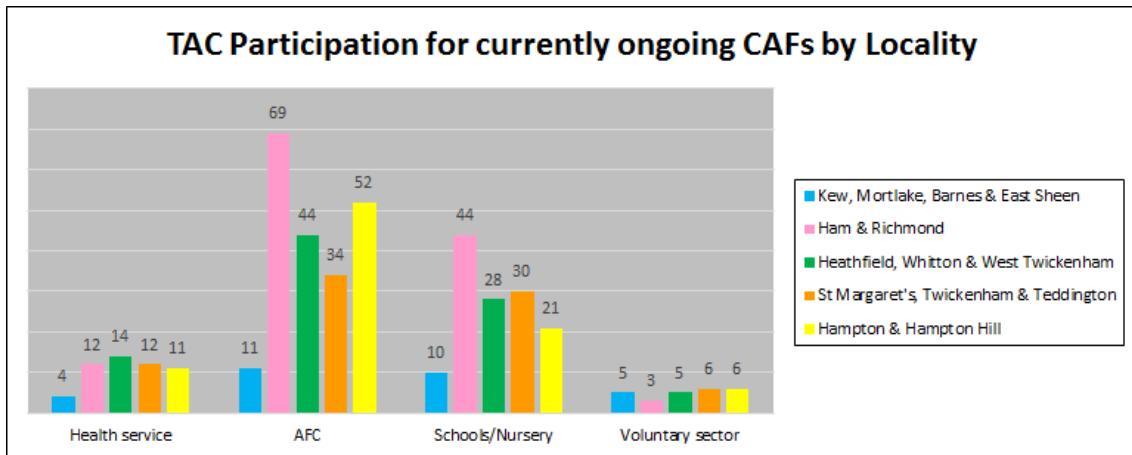
Looking at new CAFs initiated during Q1, the 12-19s have had the highest occurrences across most localities, with a more balanced picture across age groups in *Ham and Richmond*. The trend remains when considering currently ongoing CAFs.



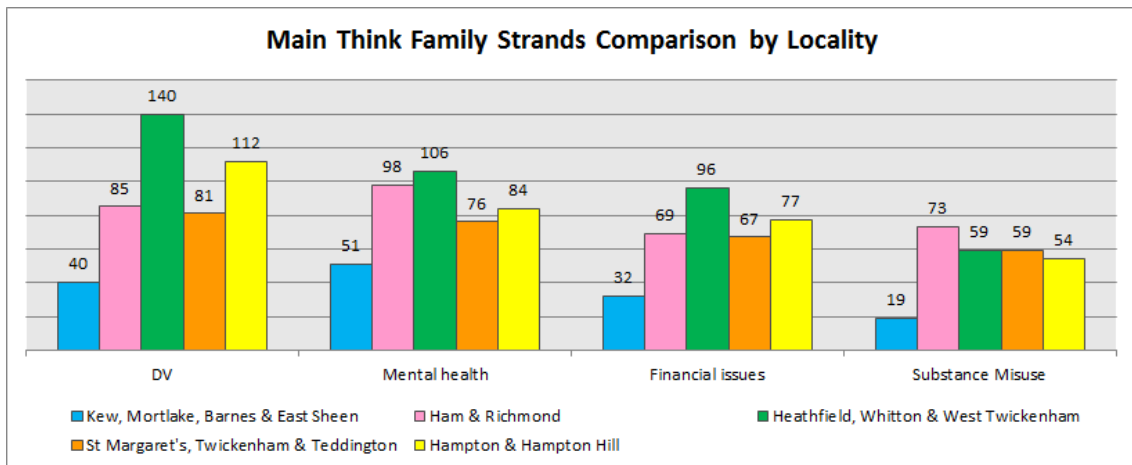
In terms of **needs triggering CAFs**, *Behaviour* has been the main trigger in four out of five localities. The exception is again *Kew, Mortlake, Barnes & East Sheen*, where the *Home situation* is the main trigger. This is consistent with the age group figures shown above.



Ongoing TAC involvement to support those needs across agencies is as follows:



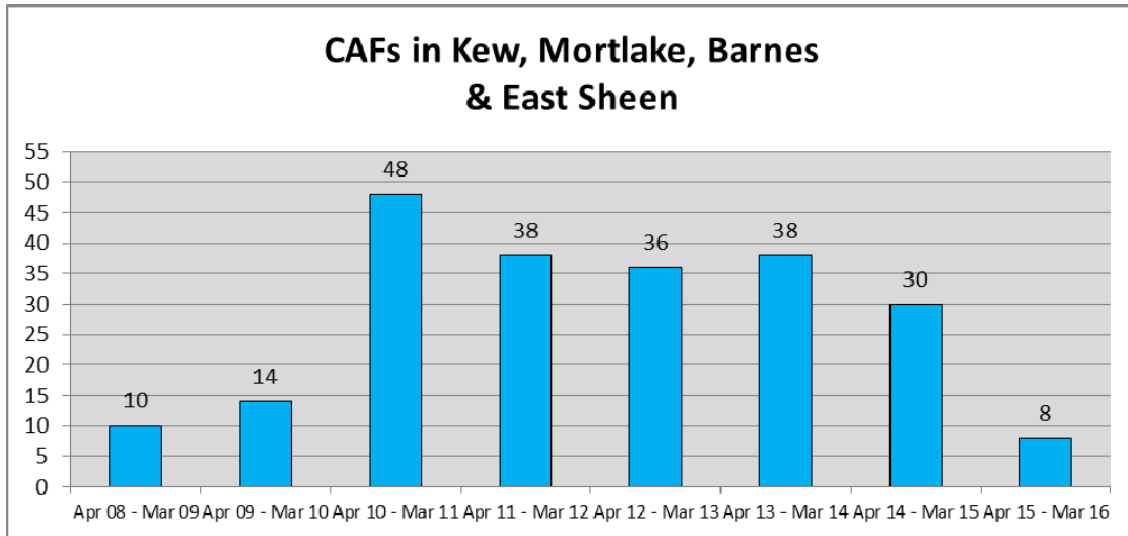
The chart below shows the aggregated numbers of key **Think Family** strands identified via the CAF process:



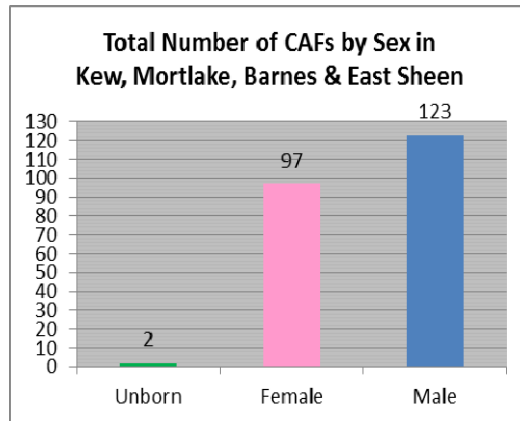


### 3.1 Kew, Mortlake, Barnes & East Sheen (KMB&ES)

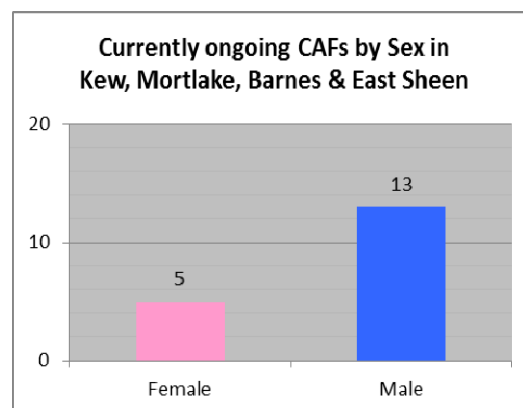
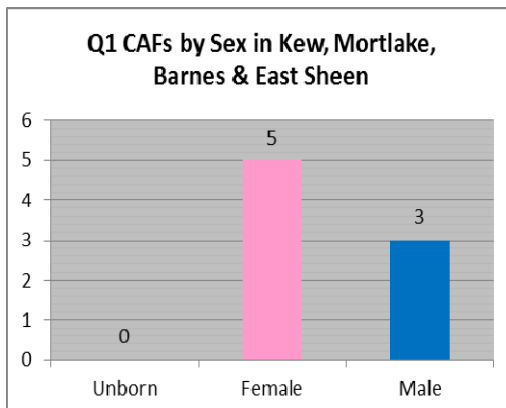
KMB&ES account for a cumulative **10.7 %** of the total CAFs borough wide. This has been historically the locality with the lowest number of CAFs. **222 CAFs** have been undertaken over time, including **8 new cases** during Q1, an improvement over the last quarter when there were no new interventions.



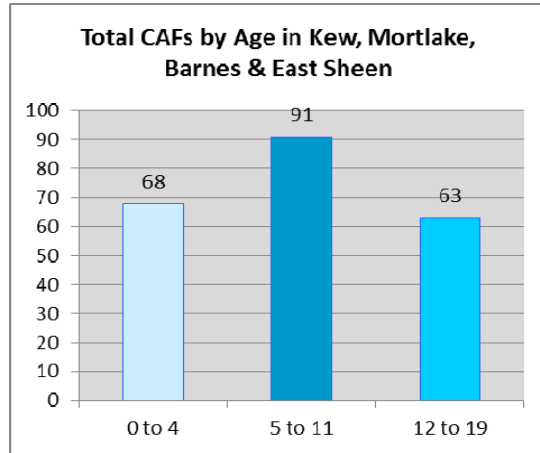
Consistently more males than females have gone through the CAF process in KMB&ES.



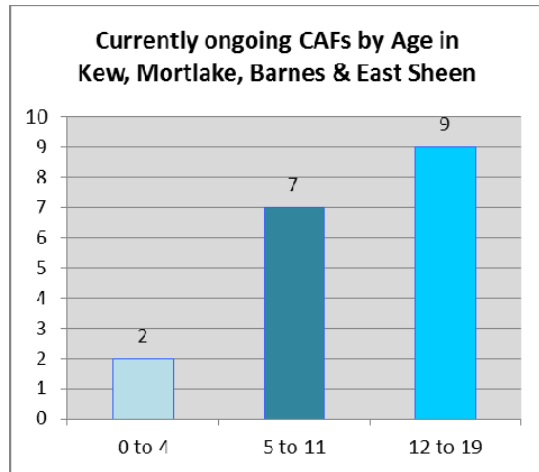
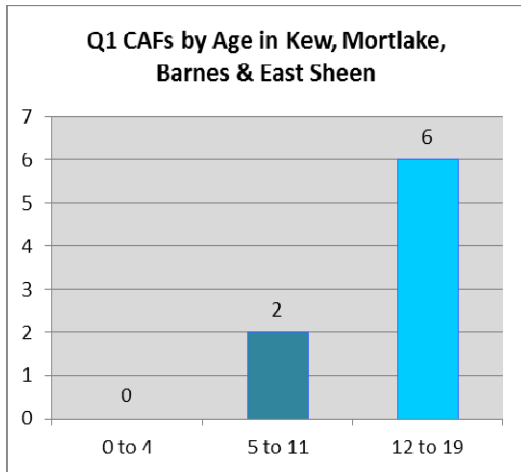
Although more females have gone through the CAF process during Q1, the trend remains for currently ongoing CAFs in this locality:



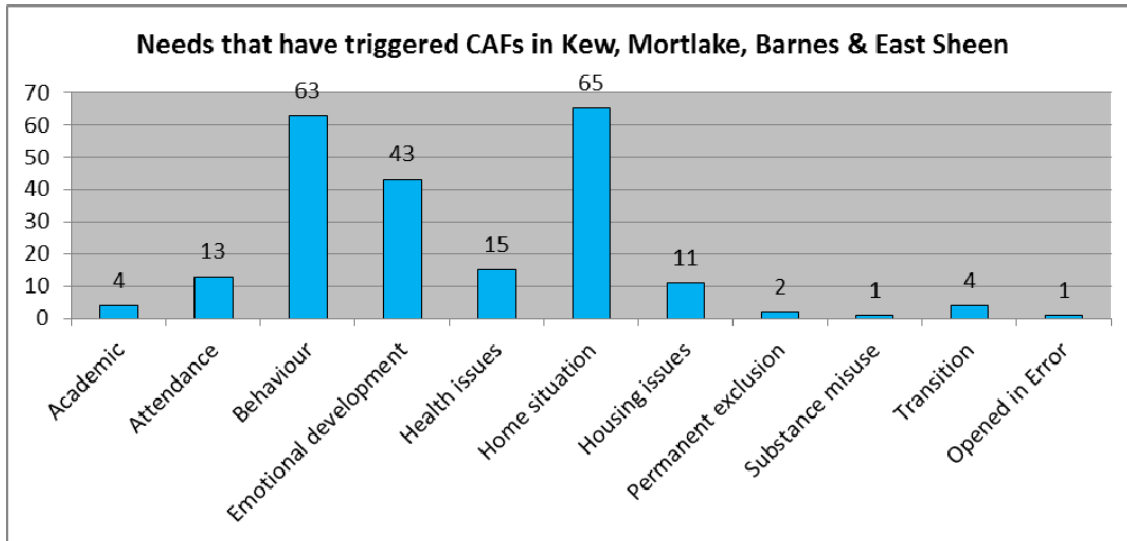
Higher numbers have cumulative occurred in the **5-11s** age group. KMB&ES is the locality with proportionally higher 0-4s CAFs and lowest 12-19s.



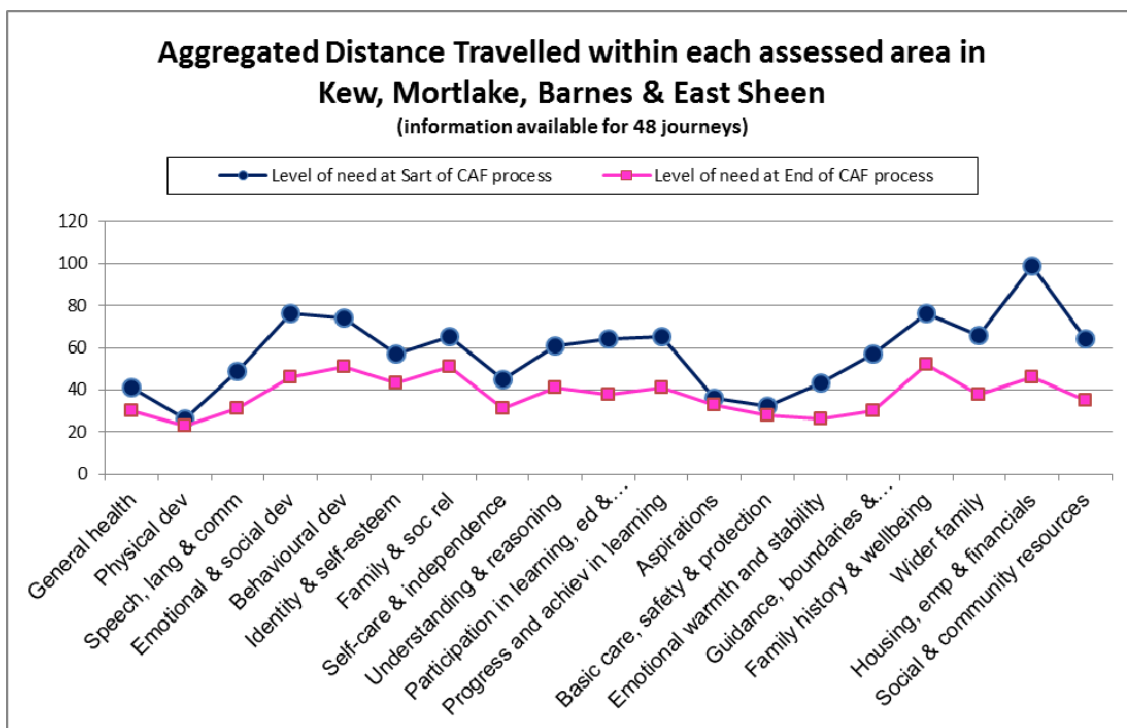
The trend reverted during Q1 CAF initiations, with higher numbers occurring on the 12-19s, as well as for those currently ongoing.



The three key triggers for CAFs in this locality are the *Home situation*, *Behaviour*, and *Emotional development*. These triggers reflect the age trends identified above.



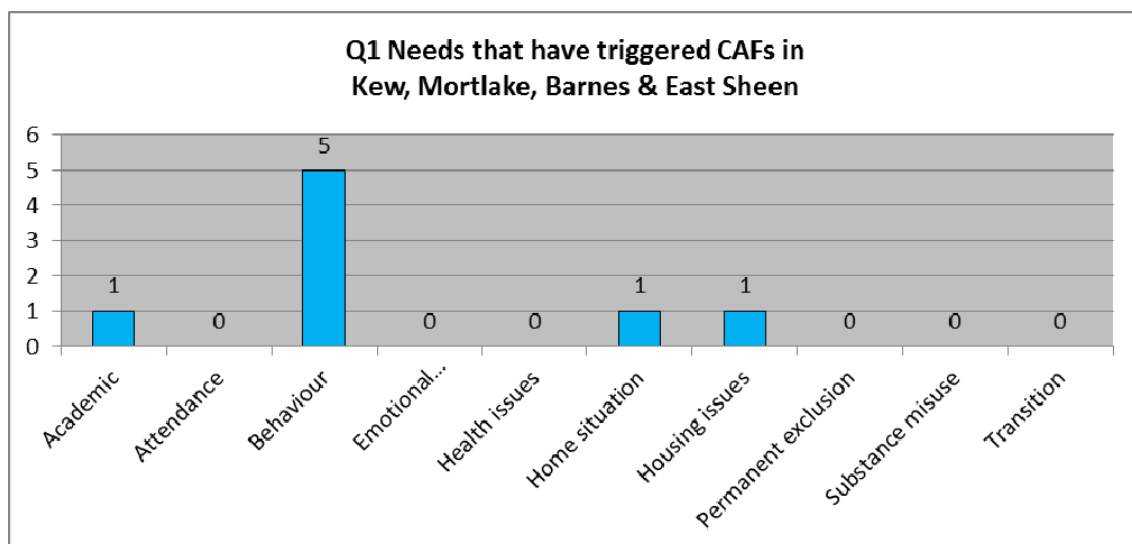
**Distance Travelled information** is available for **48 journeys**, including 3 new journeys this quarter. A *positive* DTT was experienced in most areas; little progress was perceived around *Physical development*, *Aspirations*, and *Basic care, safety and protection* in this local area.



**When looking at closed CAFs in relation to the three key triggers:**

- 63 out of 65 cases triggered by the **Home situation** have now closed:
  - 74.6% achieved all or some outcomes, and
  - 15.8% stepped up to statutory services – 30% of these had been step downs.
- 53 out of 63 cases triggered by **Behaviour** issues have now closed:
  - 71.7% achieved all or some outcomes, and
  - 16.9% stepped up to statutory services.
- 40 out of 43 cases triggered by **Emotional development** have now closed:
  - 82.5% achieved all or some outcomes, and
  - 7.5% stepped up to statutory services.

**Behaviour was the main trigger for new CAFs initiated during Q1:**



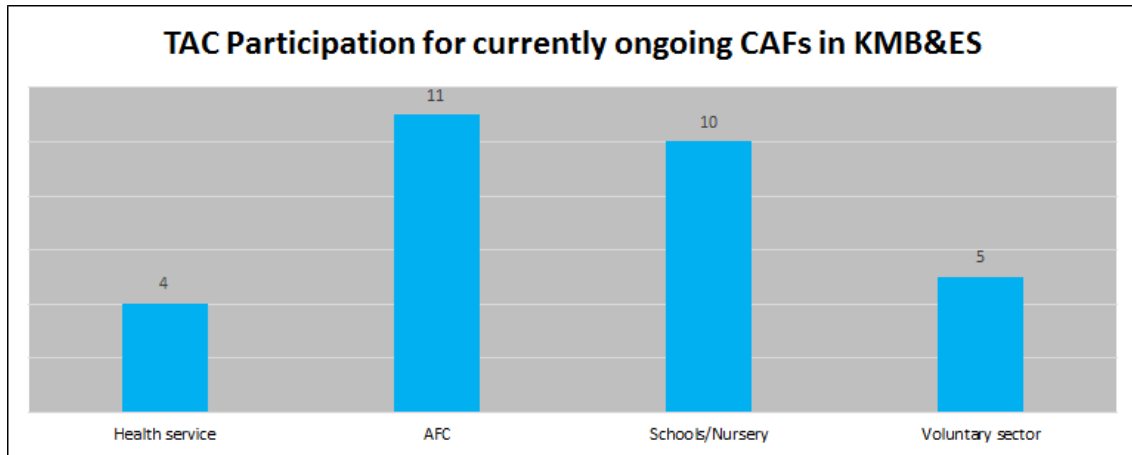
**18 cases were ongoing** at 30 June 2015, triggered by the following reasons:

- Behaviour x 10
- Emotional development x 3
- Home situation x 2
- Health issues x 2
- Academic x 1

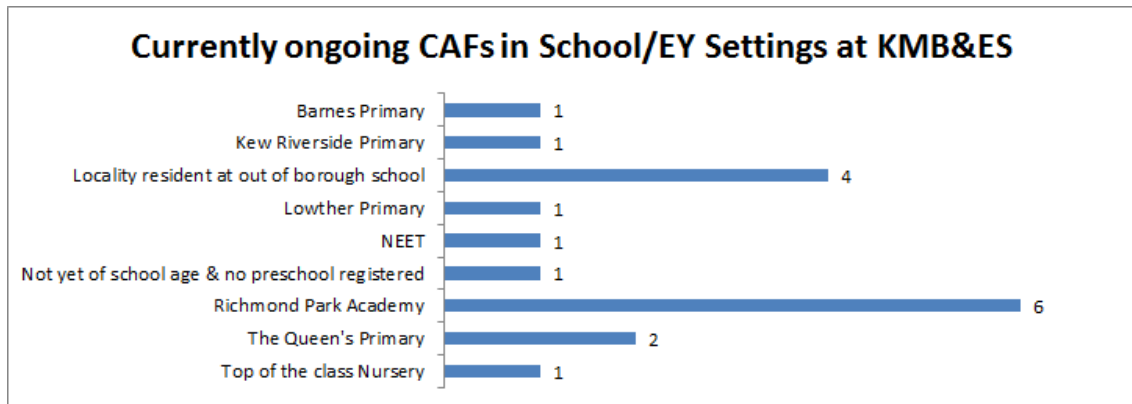
**Think family** information relating to these ongoing cases shows that:

- Parental mental health was the more prevalent issue, identified in 22% of cases;
- Financial issues and domestic abuse were also identified;
- **Over 20% of ongoing cases present 2 or more think family strands**

**TAC participation** for currently ongoing cases is as follows:

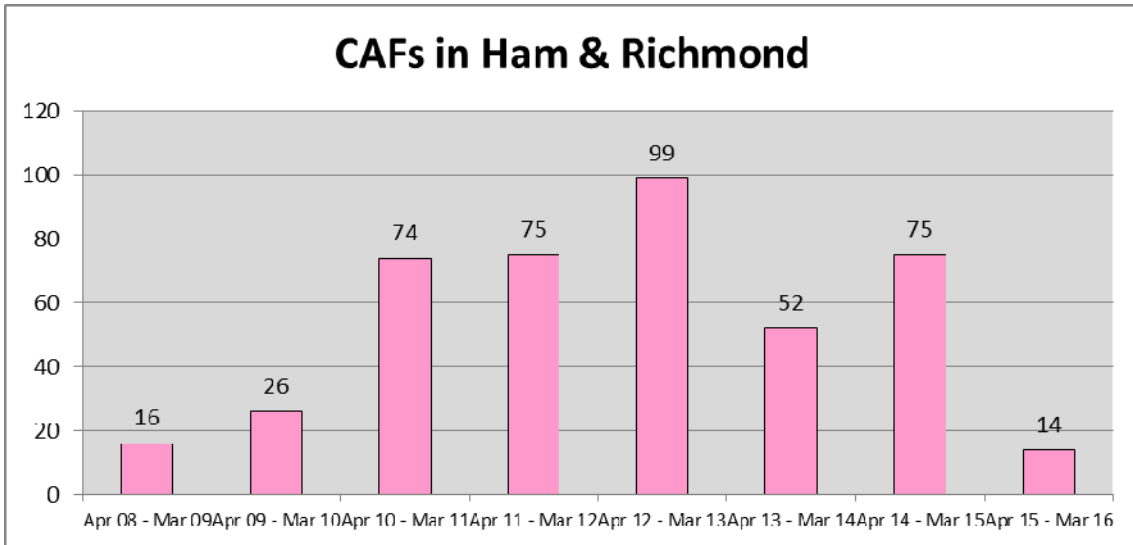


The graph below shows the **school / EY setting** distribution of currently ongoing CAFs in KMB&ES:

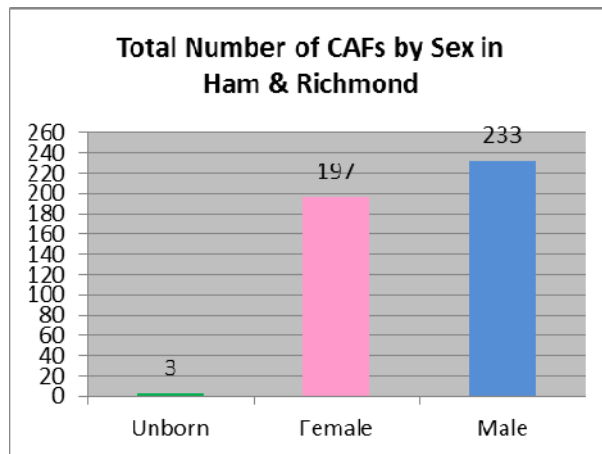


### 3.2 Ham & Richmond (H&R)

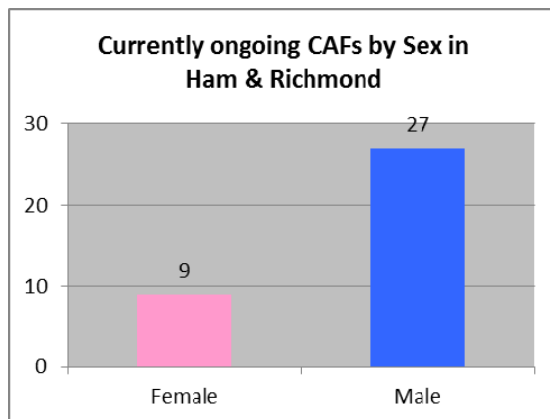
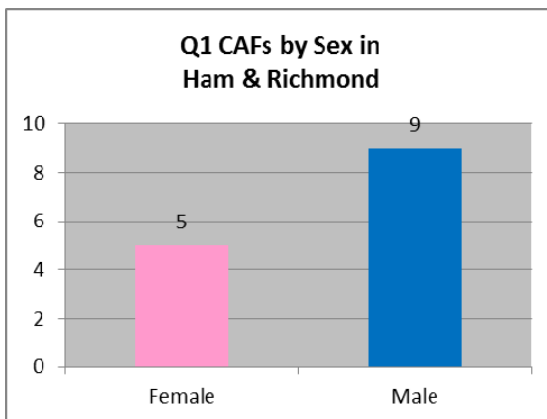
H&R account for a cumulative **20.8 %** of the total CAFs borough wide. **31 CAFs** have been undertaken over time – including **14 new cases** during the last quarter.



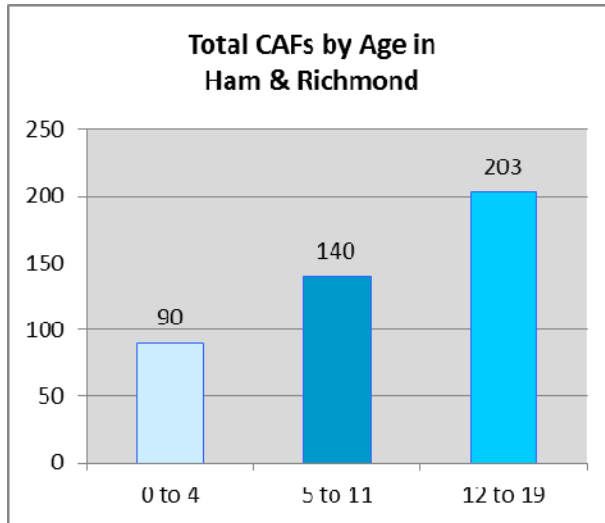
Consistently more males than females have gone through the CAF process in H&R:



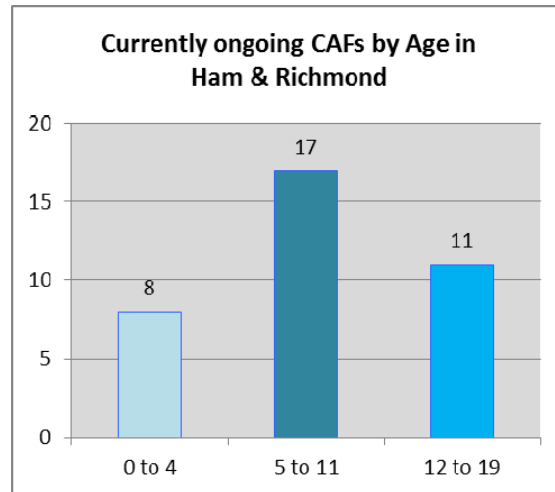
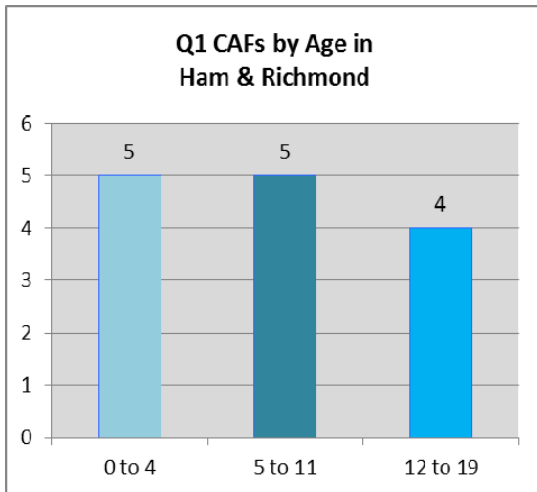
This trend has remained during Q1 and for currently ongoing CAFs:



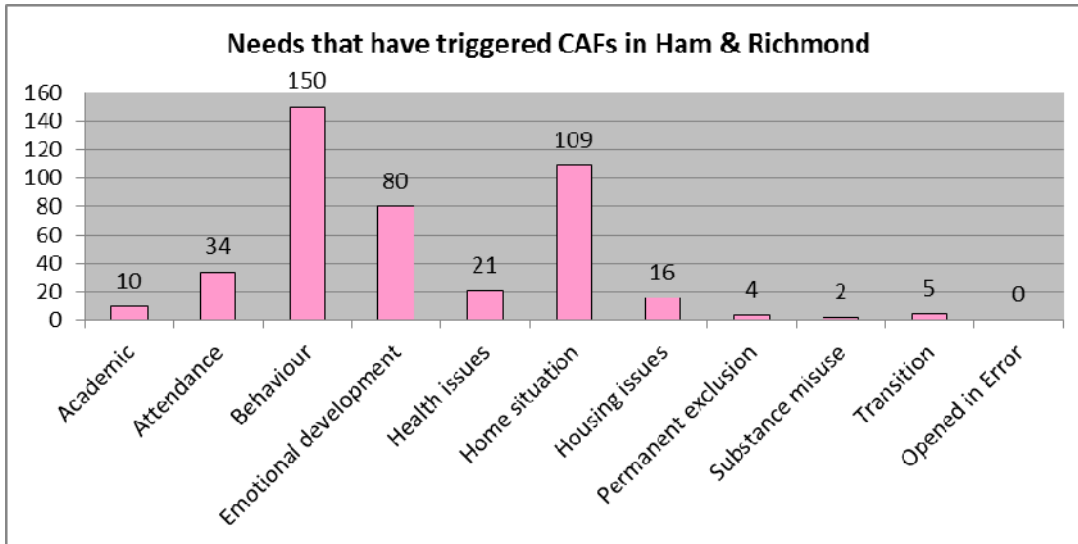
The 12-19s age group have cumulative had the higher number of CAFs in this locality.



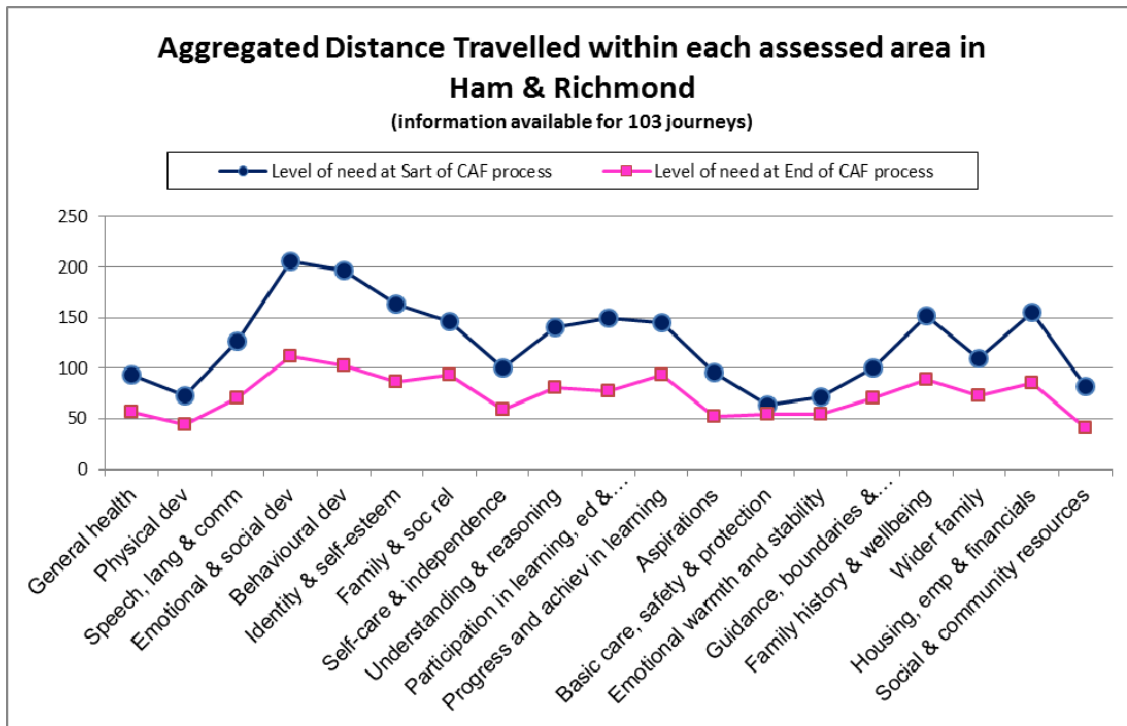
However, the trend reverted during Q1 and for currently ongoing CAFs:



The three key triggers for CAFs in H&R are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide for this age group.



**Distance Travelled information** is available for **103 journeys** in this locality, including 14 *new journeys* this quarter. A *positive DTT* was experienced in most areas; less change was experienced on *Basic care, safety and protection*.

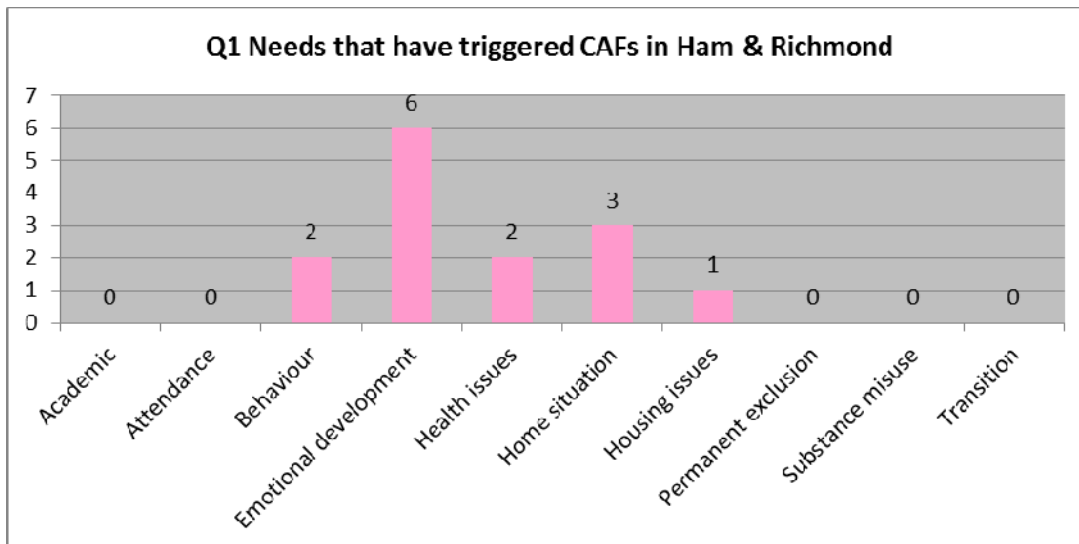




**When looking at closed CAFs in relation to the three key triggers:**

- 142 out of 151 cases triggered by **Behaviour** issues have now closed:
  - 52.8% achieved all or some outcomes, and
  - 19.7% stepped up to statutory services.
- 102 out of 110 cases triggered by the **Home situation** have now closed:
  - 53.9% achieved all or some outcomes, and
  - 31.4% stepped up to statutory services – 34.4% of these had been step downs.
- 69 out of 80 cases triggered by **Emotional development** have now closed:
  - 59.4% achieved all or some outcomes, and
  - 17.4% stepped up to statutory services.

**Emotional development** was the main trigger for new CAFs initiated during Q1:



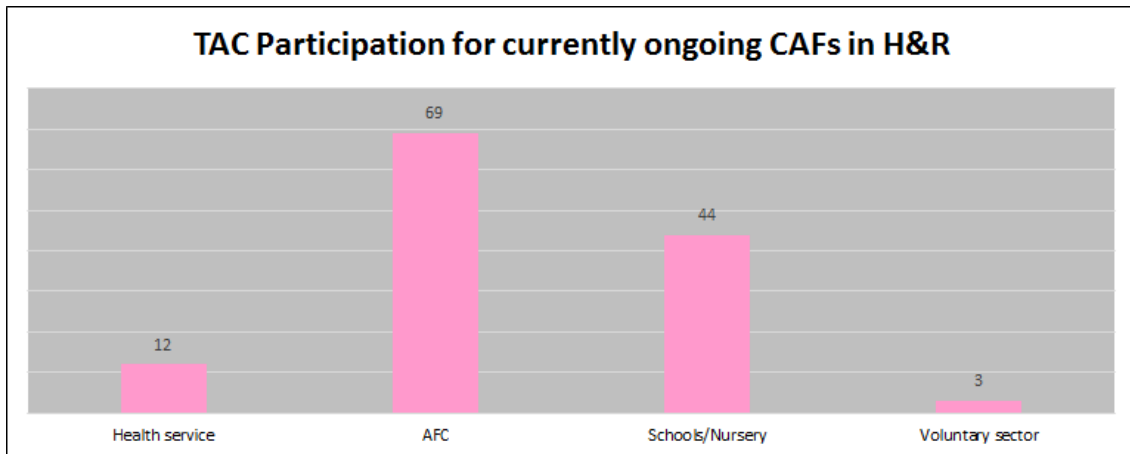
**36 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Behaviour x 9
- Emotional development x 11
- Home situation x 8
- Health issues x 5
- Academic x 2
- Housing x 1

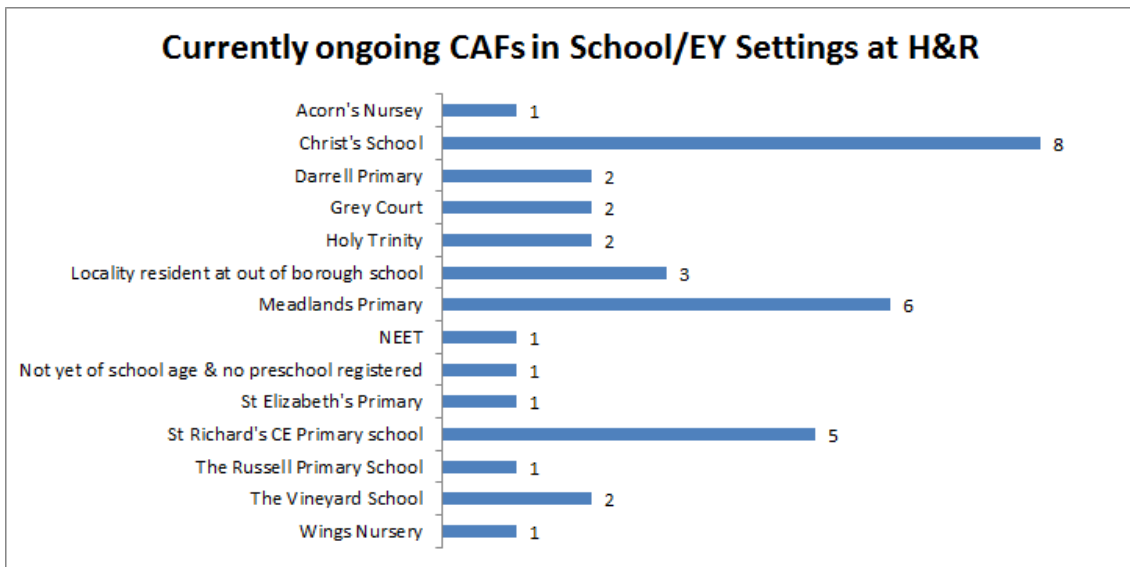
**Think family** information relating to these ongoing cases shows that:

- Parental mental health and domestic abuse were identified in over 25% of cases;
- Financial issues featured in over 20%;
- **22% of ongoing cases present 2 or more think family strands**

**TAC participation** for currently ongoing CAFs is as follows:

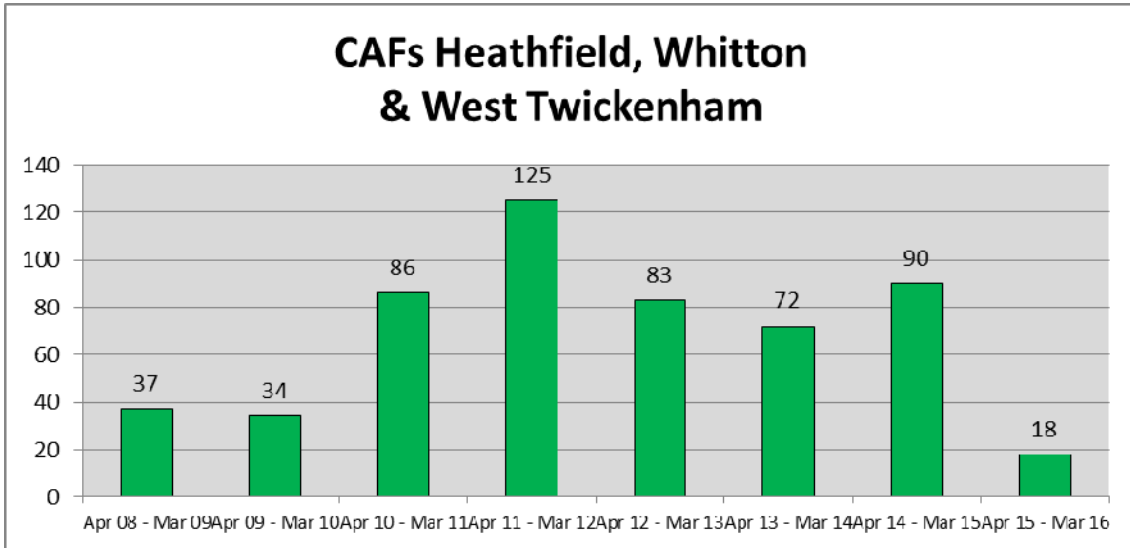


The graph below shows the **school / EY setting distribution** of currently ongoing CAFs in H&R:

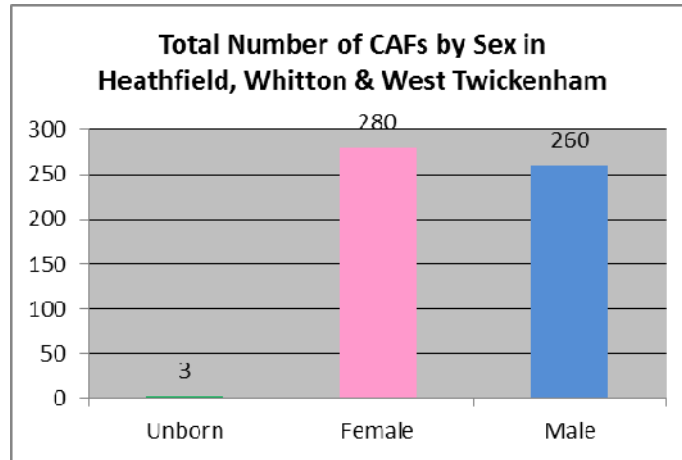


### 3.3 Heathfield, Whitton & West Twickenham (HW&WT)

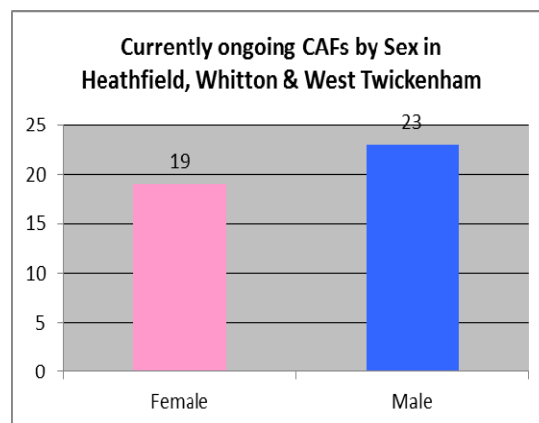
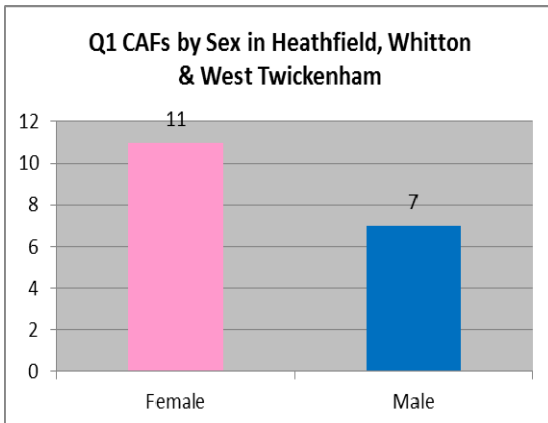
HW&WT account for a cumulative **26.4%** of the total CAFs borough wide. **545 CAFs** have been undertaken over time – including **18 new cases** during the last quarter.



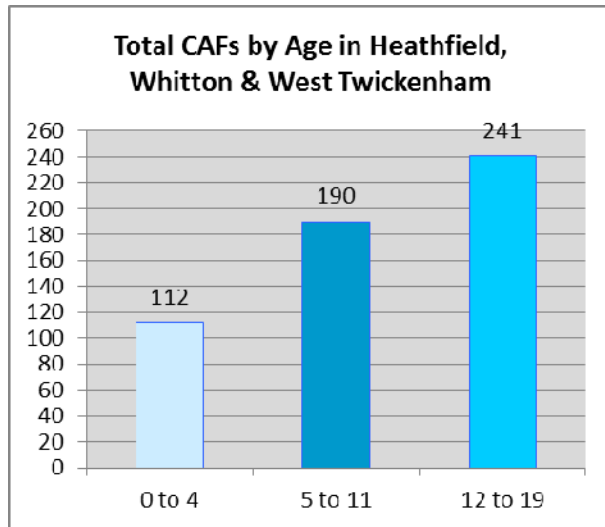
HW&WT is the only locality where slightly more females than males have gone through the CAF process over time.



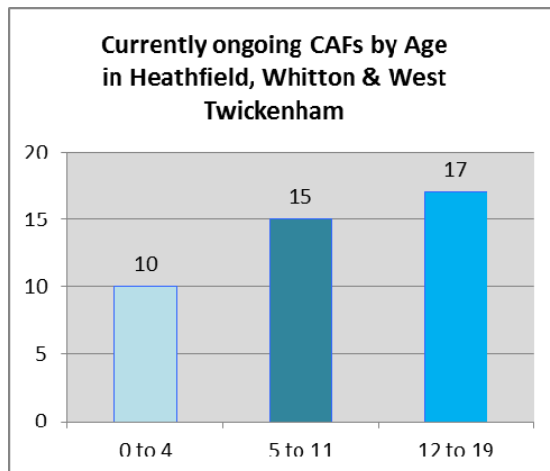
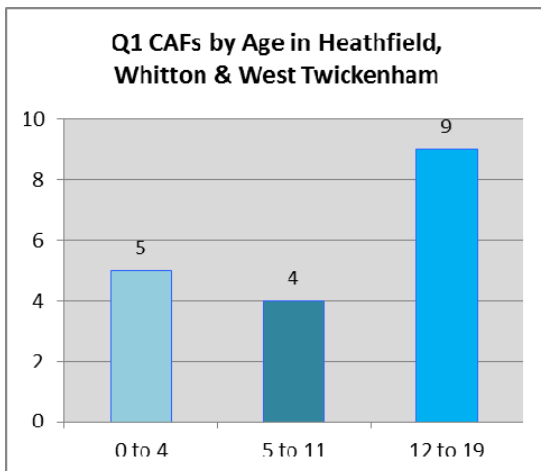
The charts below show new CAF initiations during Q1 and those currently ongoing:



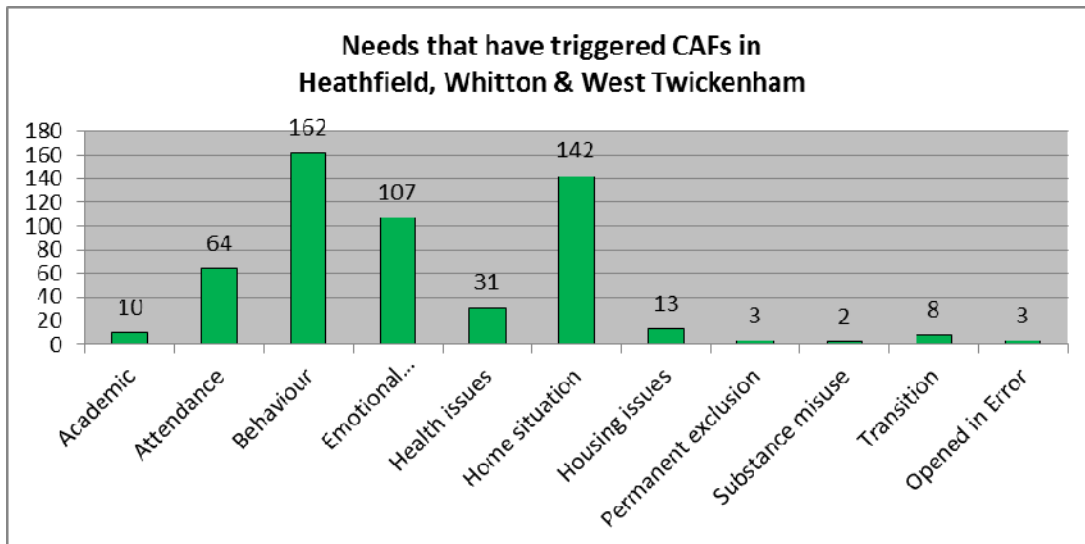
The 12-19s age group clearly account for the higher number of CAFs in this locality.



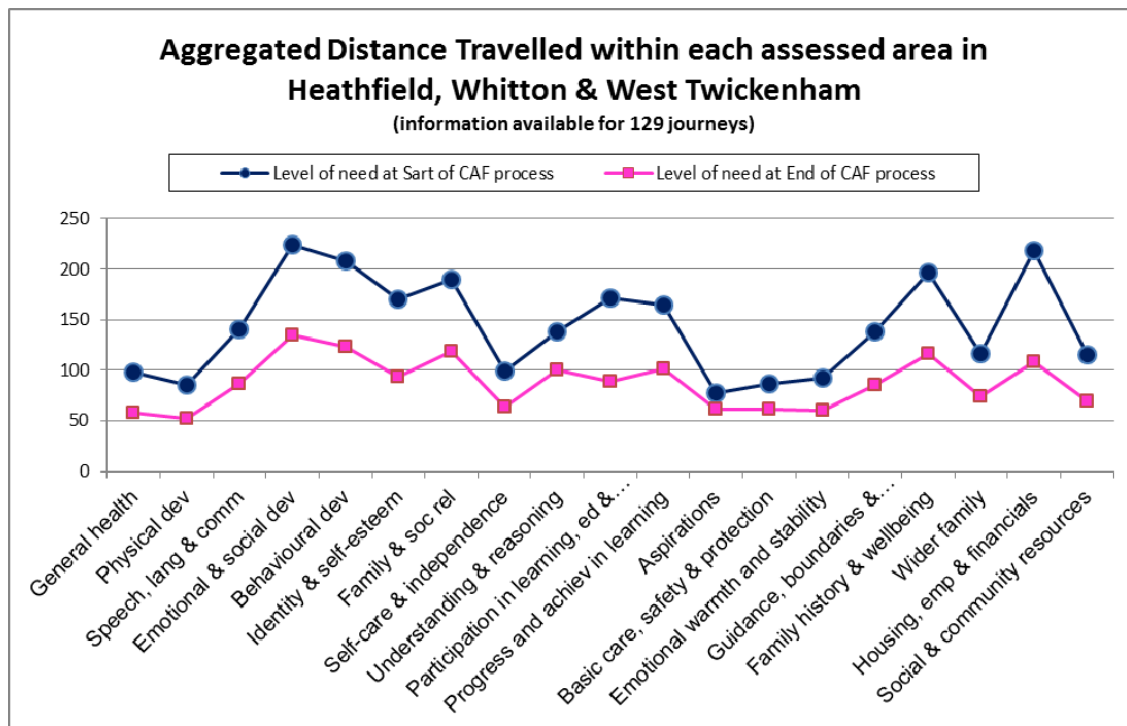
The trend remains for new CAFs initiated during Q1 and for currently ongoing CAFs:



The three key triggers for CAFs in HW&WT are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



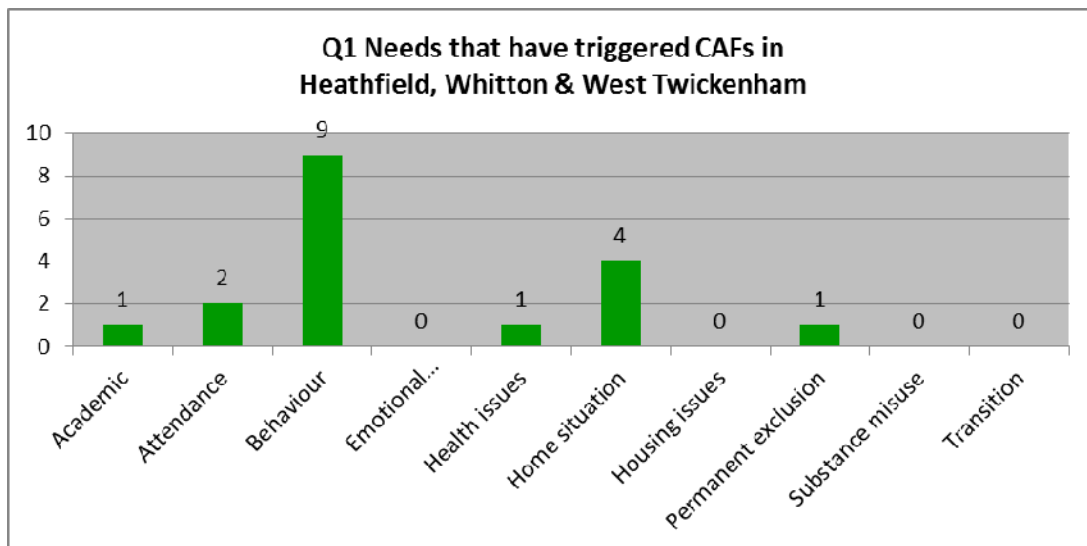
**Distance Travelled information** is available for **129 journeys** in this locality, including **10 new journeys** this quarter. A **positive DTT** was experienced in most areas; less change was perceived around **Aspirations**.



**When looking at closed CAFs in relation to the key triggers:**

- 147 out of 162 cases triggered by **Behaviour** issues have now closed:
  - 62.6% achieved all or some outcomes, and
  - 18.4% stepped up to statutory services.
- 134 out of 142 cases triggered by the **Home situation** have now closed:
  - 55.9% achieved all or some outcomes, and
  - 21.6% stepped up to statutory services – 51.7% of these had been step-downs.
- 101 out of 107 cases triggered by **Emotional development** have now closed:
  - 68.3% achieved all or some outcomes, and
  - 11.8% stepped up to statutory services.

**Behaviour** has remained the key trigger during Q1:



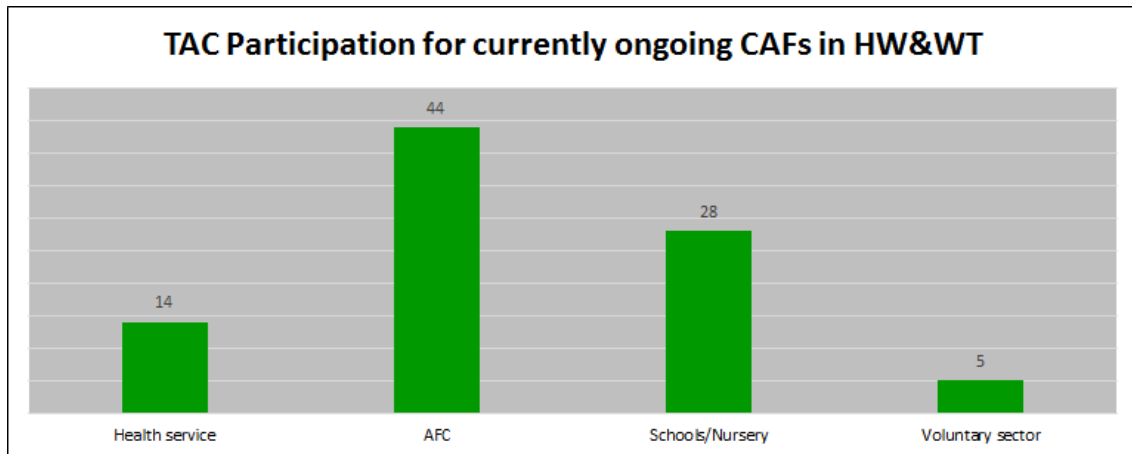
**42 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Behaviour x 15
- Home situation x 8
- Emotional development x 6
- Attendance x 4
- Health issues x 4
- Transition x 2
- Academic x 1
- Housing x 1
- Permanent exclusion x 1

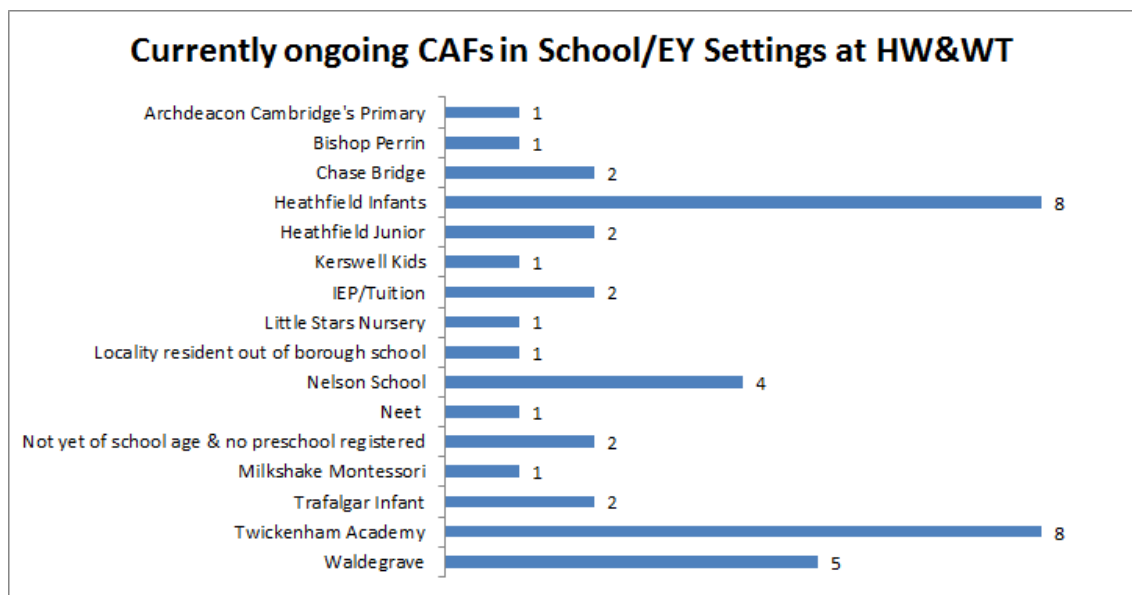
**Think family** information relating to these ongoing cases shows that:

- Financial issues was identified in just under 40% of cases;
- Parental mental health and Domestic in over 25%;
- **50% of ongoing cases present 2 or more think family strands**

**TAC participation** for currently ongoing CAFs is as follows:

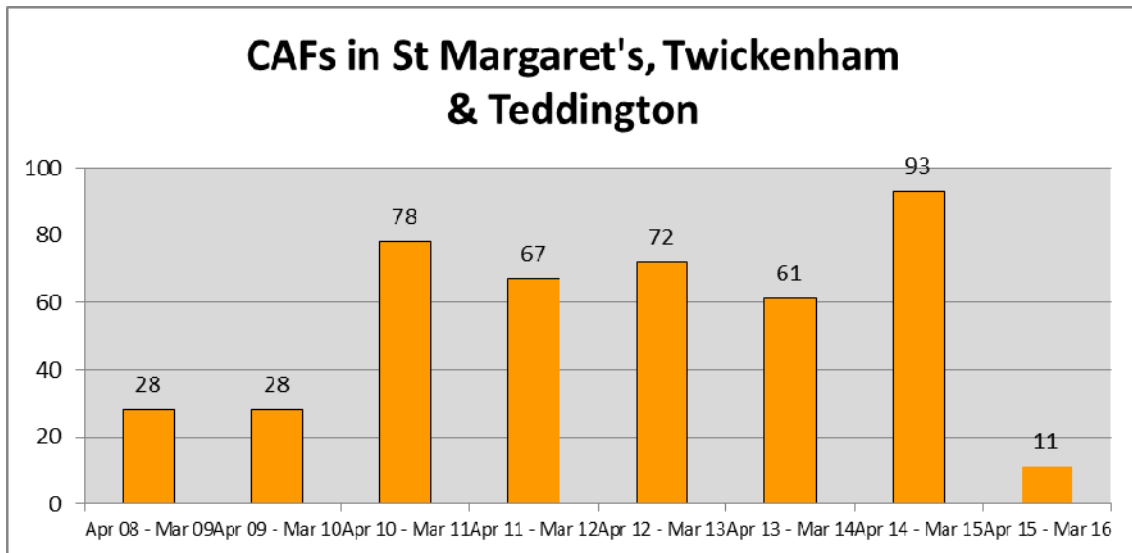


The graph below shows the **school / EY setting distribution of open CAFs** in HW&WT:

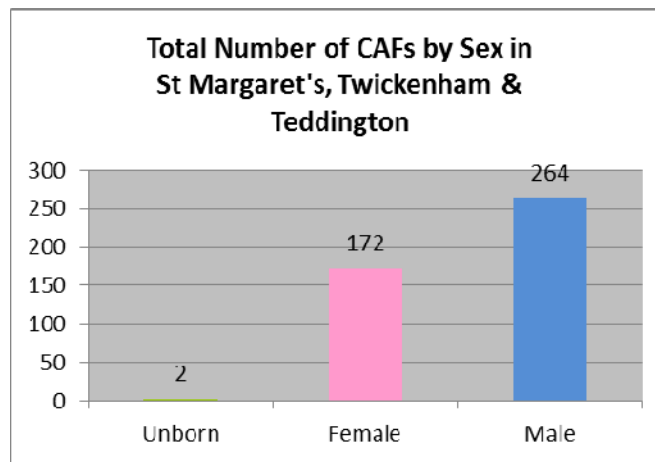


### 3.4 St. Margaret's, Twickenham & Teddington (SMT&W)

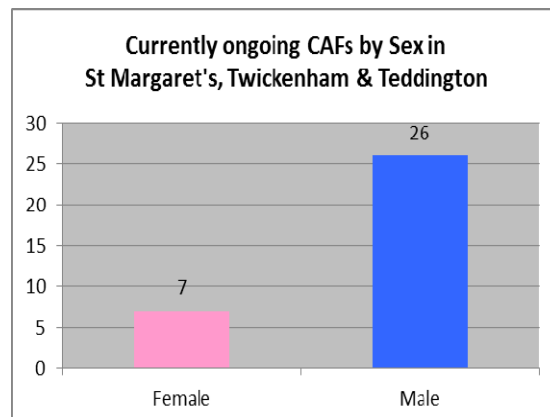
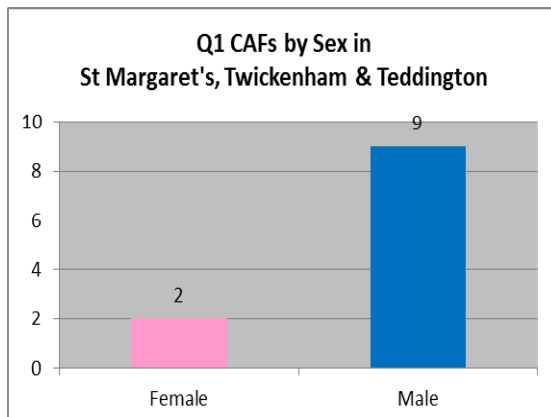
SMT&T account for a cumulative **21.2%** of the total CAFs borough wide. **438 CAFs** have been undertaken over time – including **11 new cases** during the last quarter.



Significantly more males than females have gone through the CAF process:

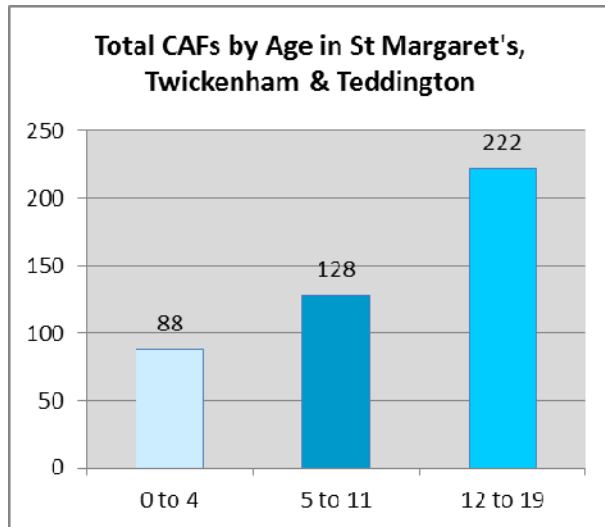


The trend remained over Q1 and for currently ongoing CAFs:

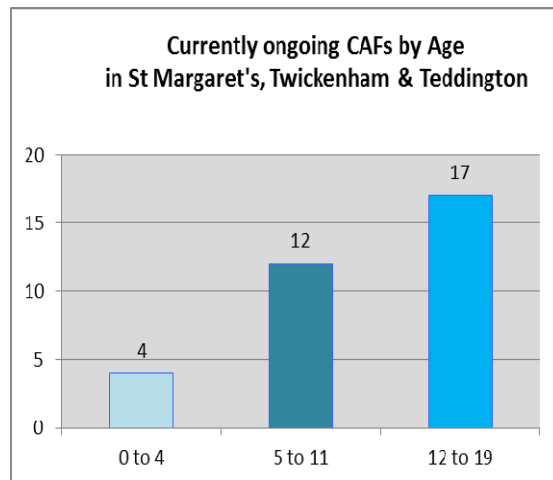
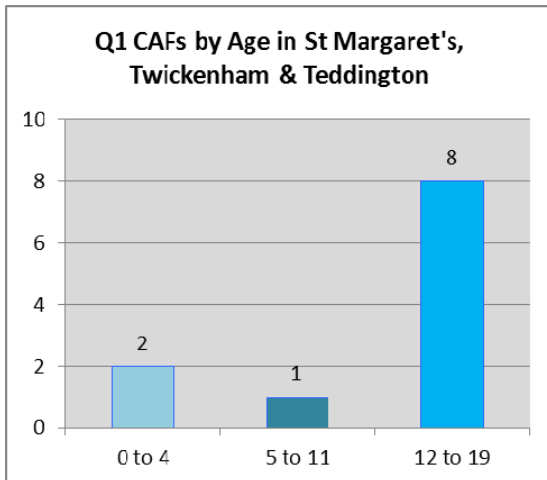




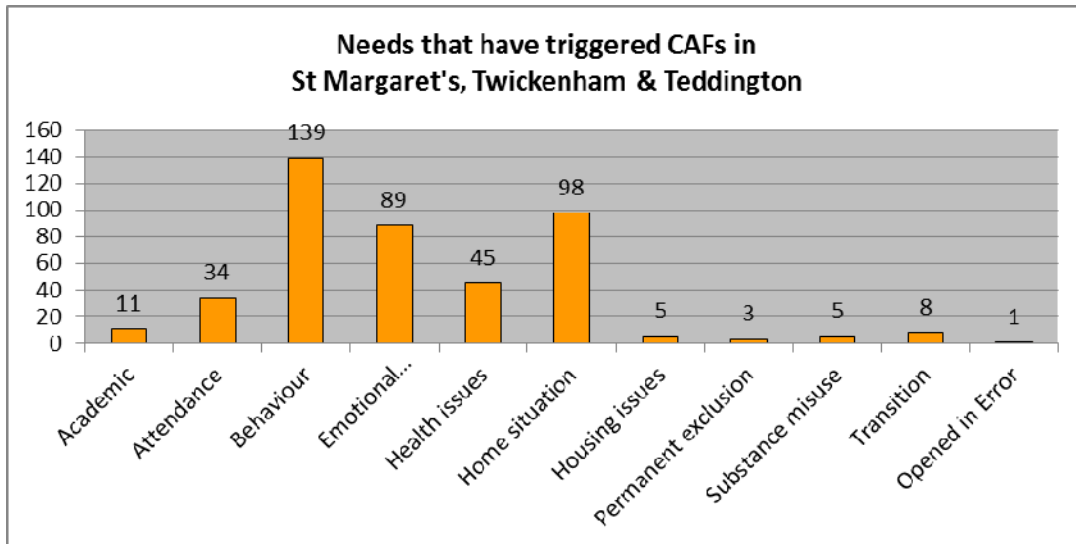
The 12-19s age group have clearly the higher number of CAFs in this locality:



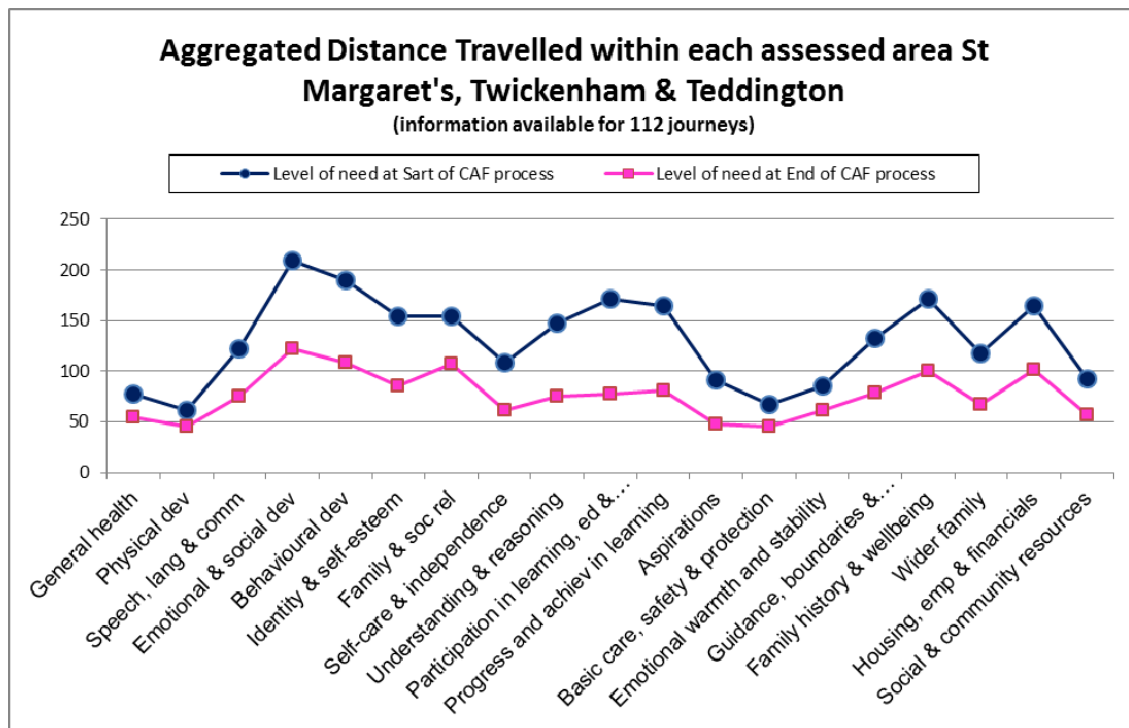
The graphs below show Q1 new CAFs and those currently ongoing:



The three key triggers for CAFs in this SMT&T are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



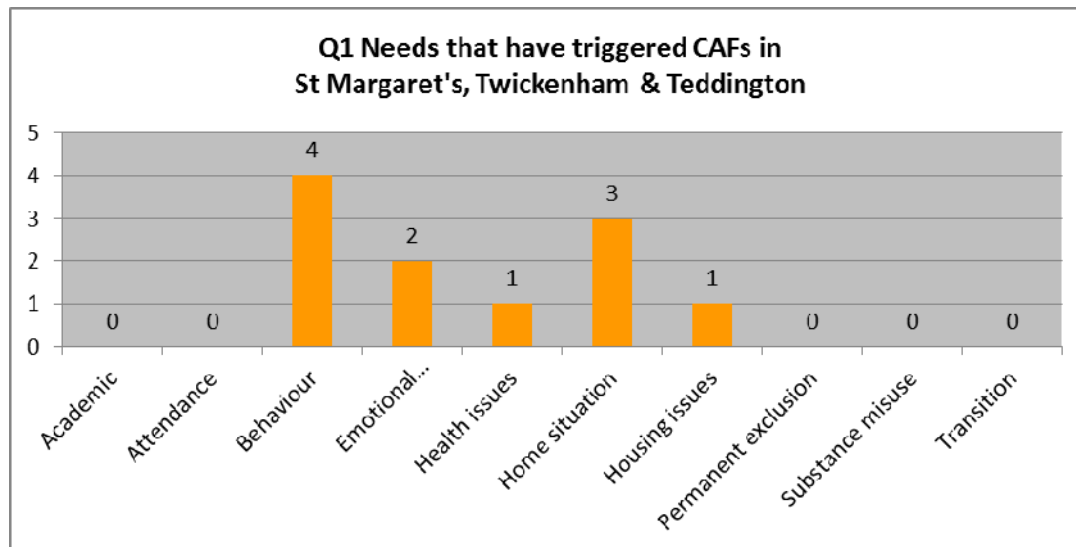
**Distance Travelled information** is available for **112 journeys** in this locality, including **10 new journeys** this quarter. A **positive DTT** was experienced in all aspects, although less change was perceived around *Physical development*.



### When looking at closed CAFs in relation to the key triggers:

- 130 out of 139 cases triggered by **Behaviour** issues have now closed:
  - 57.7% achieved all or some outcomes, and
  - 19.2% stepped up to statutory services.
- 92 out of 98 cases triggered by the **Home situation** have now closed:
  - 63% achieved all or some outcomes, and
  - 20.6% stepped up to statutory services – 42% of these had been step downs.
- 79 of 89 cases triggered by **Emotional development** have now closed:
  - 67% achieved all or some outcomes, and
  - 19% stepped up to statutory services.

**Behaviour** has remained the key trigger during Q1:



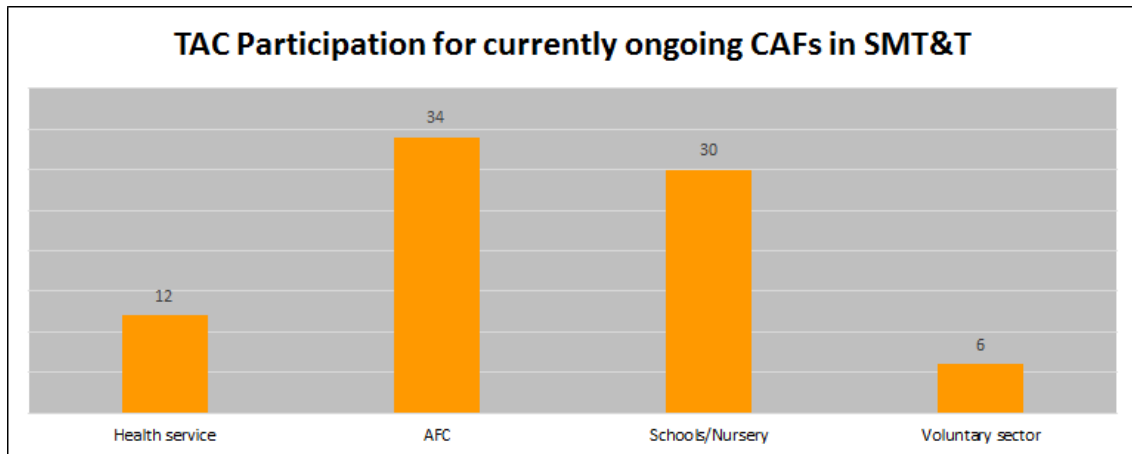
**33 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Emotional development x 10
- Behaviour x 9
- Home situation x 6
- Academic x 3
- Health issues x 3
- Attendance x 1
- Housing x 1

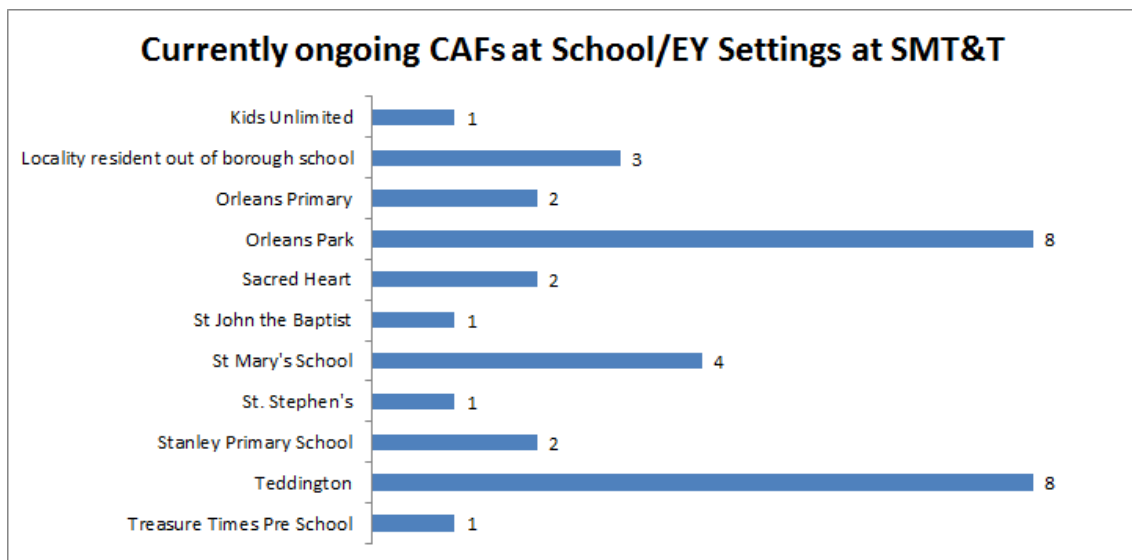
**Think family** information relating to these ongoing cases shows that:

- Domestic abuse, parental mental health and parental substance misuse were identified in just under 20% of cases;
- **21% of ongoing cases present 2 or more think family strands.**

**TAC participation** for currently ongoing CAFs is as follows:

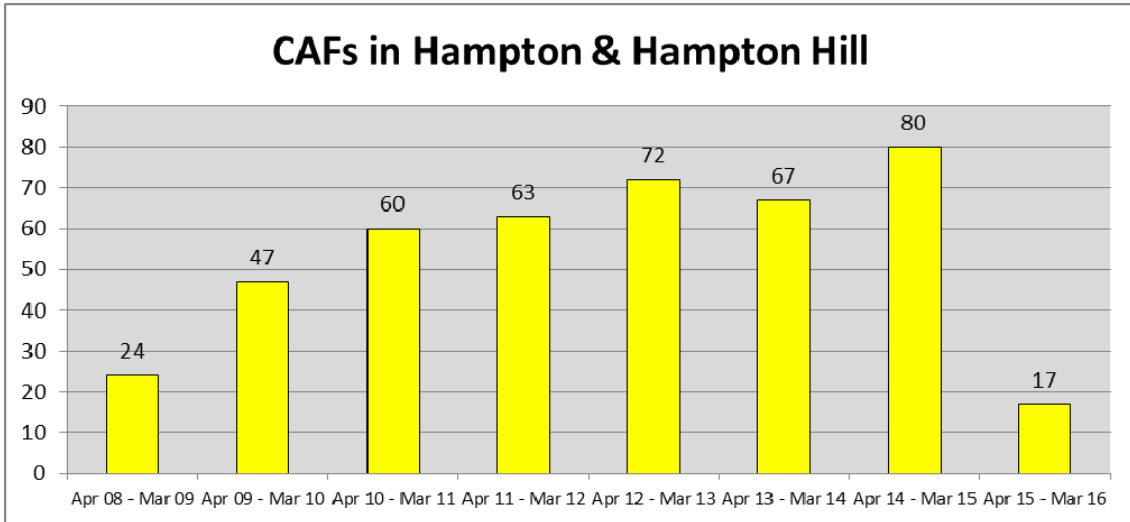


The graph below shows the **school / EY setting distribution of open CAFs** in SMT&T:

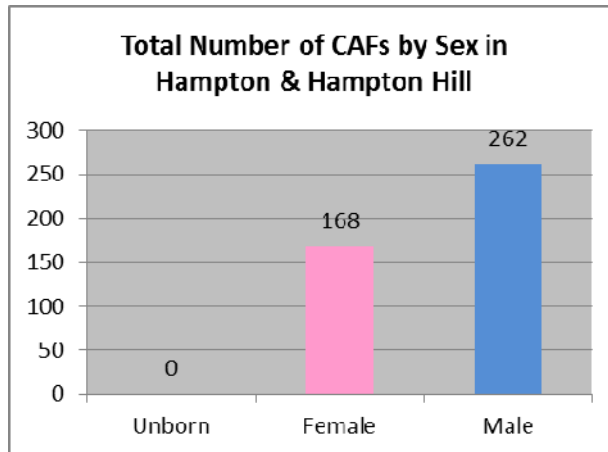


### 3.5 Hampton & Hampton Hill (H&HH)

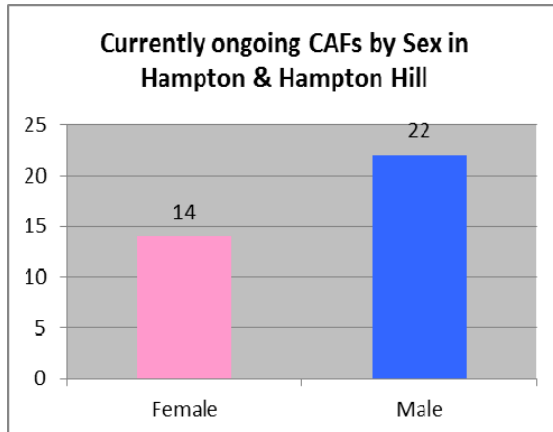
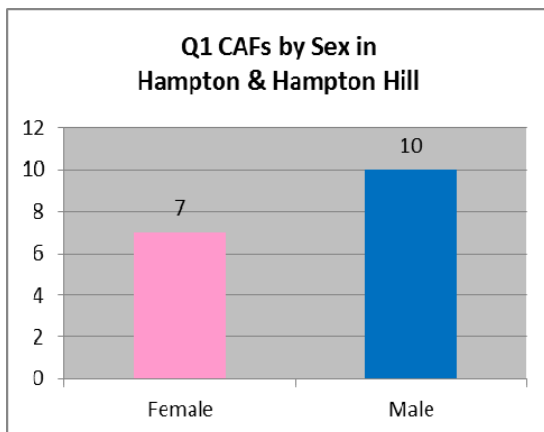
H&HH account for a cumulative **20.8%** of the total CAFs borough wide. **430 CAFs** have been undertaken over time – including **17 new cases** during the last quarter.



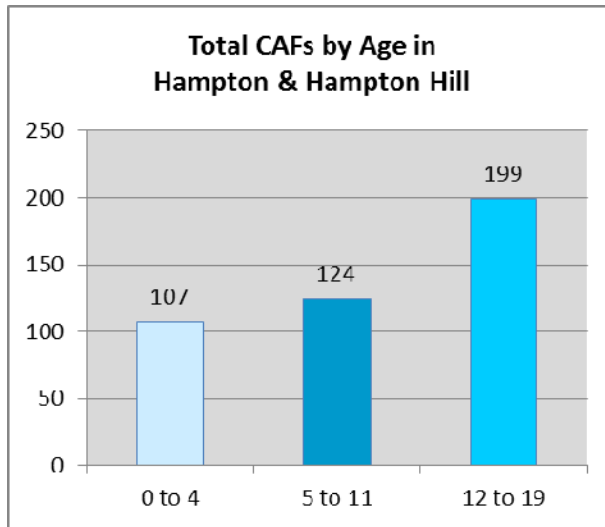
More males than females have gone through the CAF process, as shown below:



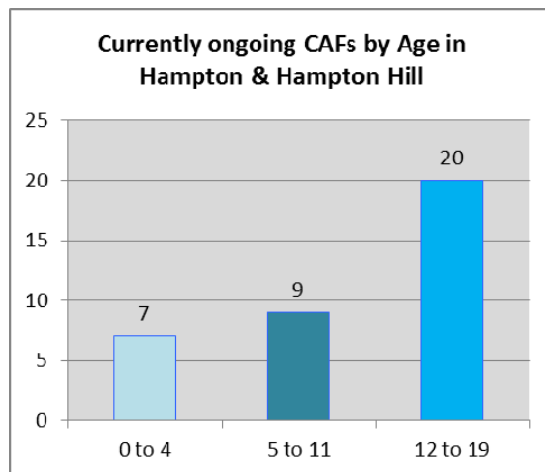
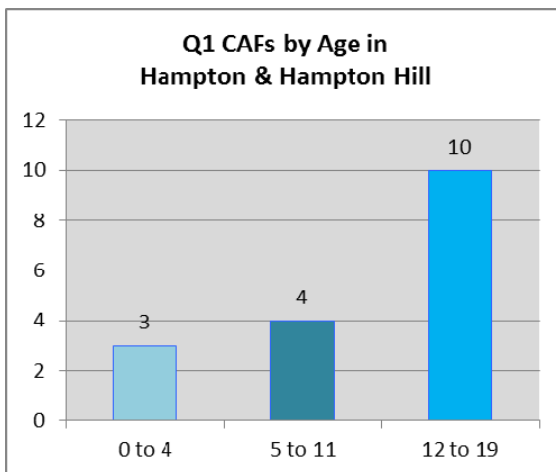
The trend remained during Q1 and for currently ongoing CAFs:



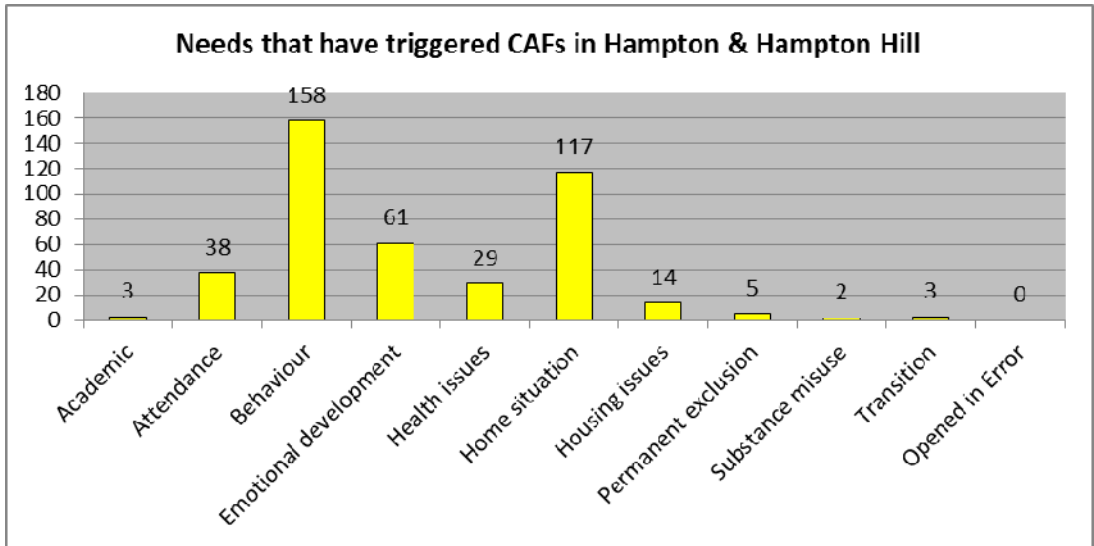
The 12-19s is the age group have clearly the higher number of CAFs in this locality.



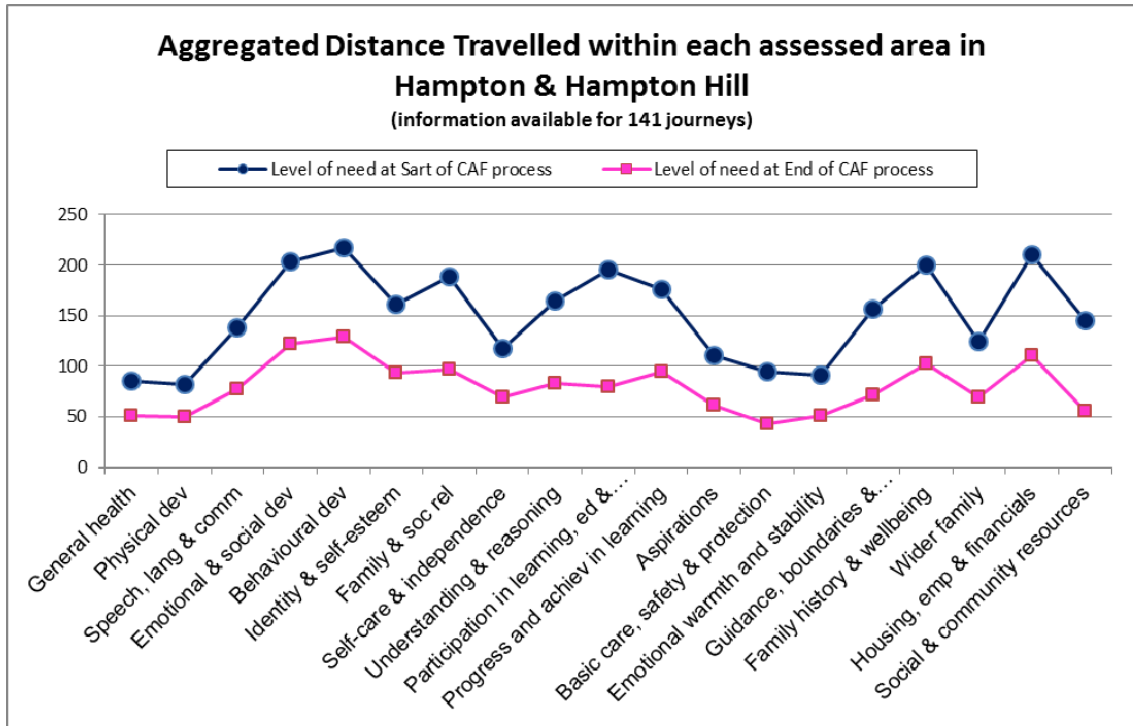
The graphs below show new CAF interventions initiated during Q1 and those currently ongoing:



The three key triggers for CAFs in this locality are *Behaviour*, *Home situation* and *Emotional development*. With the 12-19s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



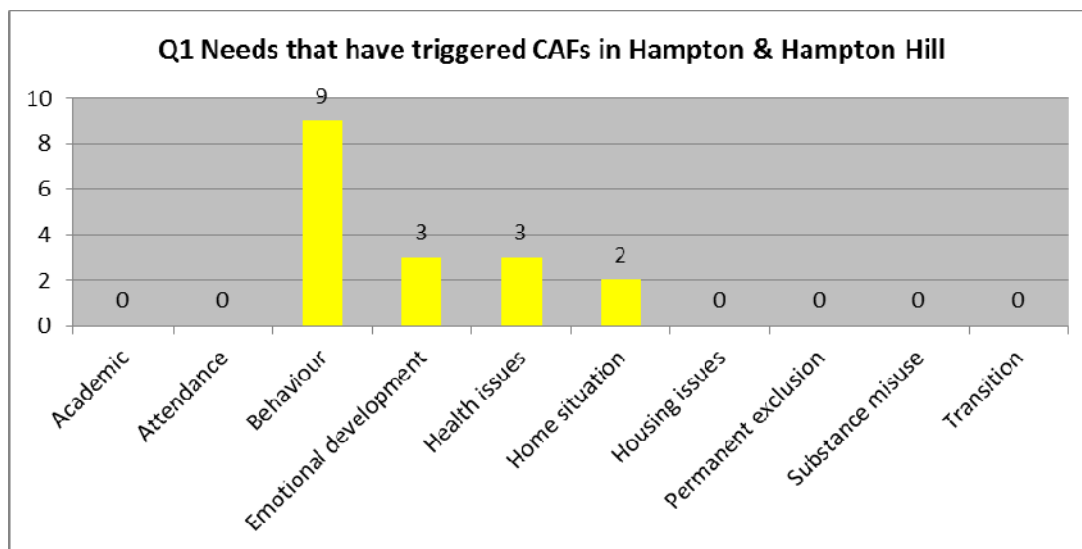
**Distance Travelled information** is available for **126 journeys** in this locality, including **16 new journeys** this quarter. A **positive DTT** was clearly experienced in all aspects in this local area.



**When looking at closed CAFs in relation to the key triggers:**

- 139 out of 158 cases triggered by **Behaviour** issues have now closed:
  - 61.8% achieved all or some outcomes, and
  - 16.5% also stepped up to statutory services.
- 112 out of 117 cases triggered by the **Home situation** have now closed:
  - 59% achieved all or some outcomes, and
  - 23.2% stepped up to statutory services – 27% of these had been step downs.
- 54 out of 61 cases triggered by **Emotional development** have now closed:
  - 70.4% achieved all or some outcomes, and
  - 7.4% stepped up to statutory services.

**Behaviour** has remained the key trigger during Q1:



**36 cases** were ongoing at 30 June 2015, triggered by the following reasons:

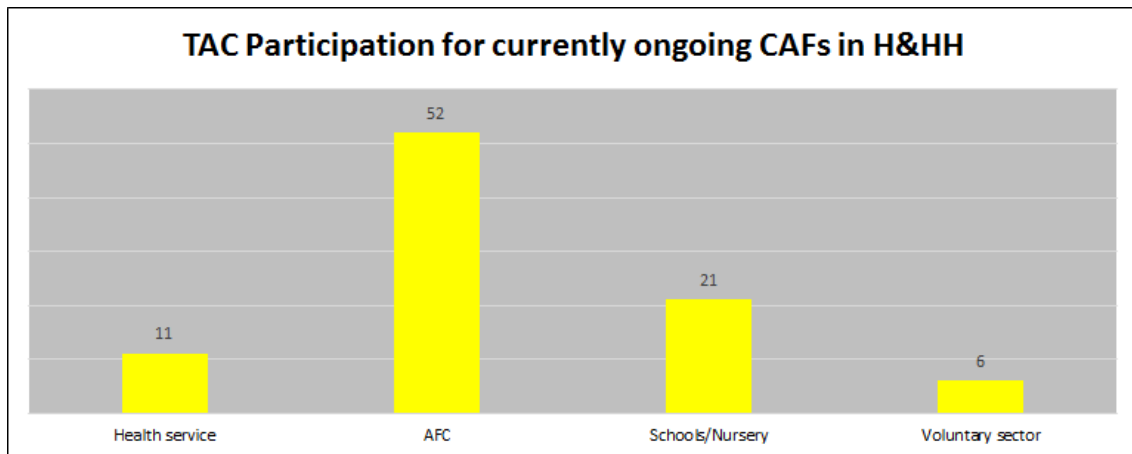
- Behaviour x 19
- Emotional development x 7
- Home situation x 5
- Health issues x 4
- Housing x 1

**Think family** information relating to these ongoing cases shows that:

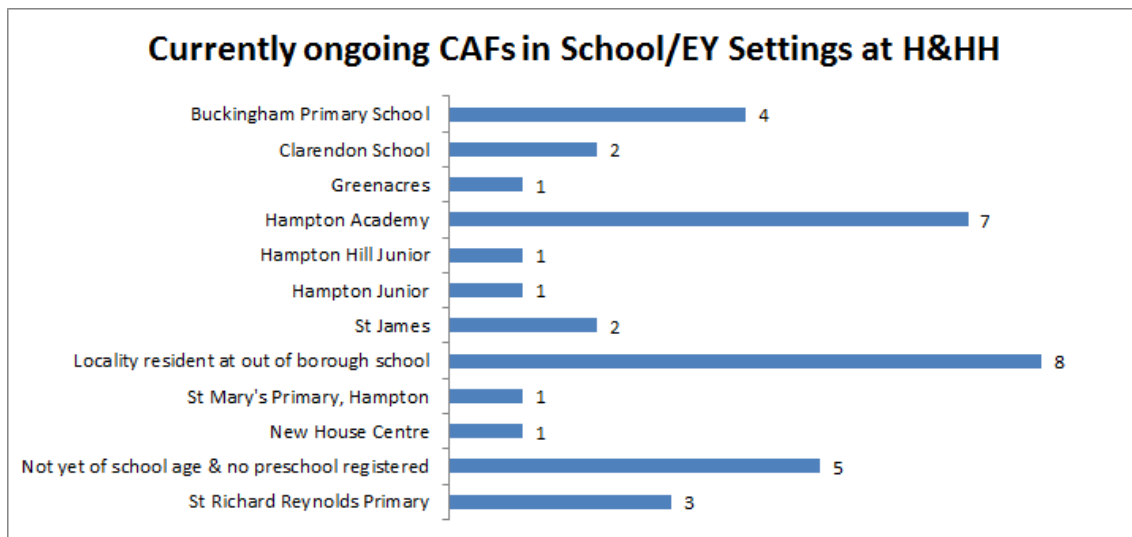
- Domestic abuse was identified in just under 30% of cases, parental mental featuring in over 20% and parental substance misuse in over 15%.
- **41.6% of ongoing cases present 2 or more think family strands.**



**TAC participation** for currently ongoing CAFs is as follows:



The graph below shows the **school / EY setting distribution of open CAFs** in H&HH:

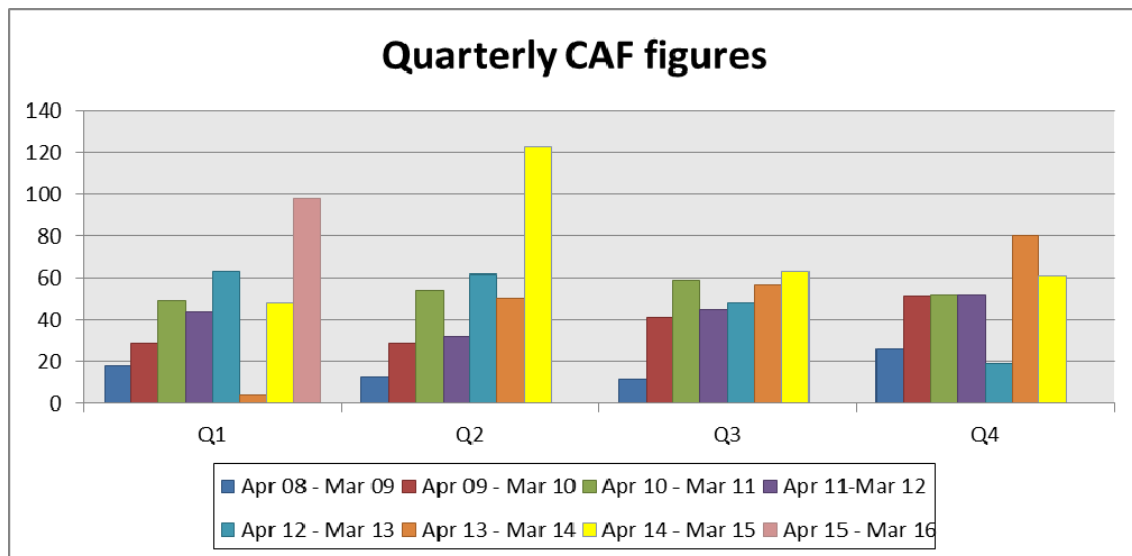


## 4. Kingston borough wide CAF data

### 4.1 Number of recorded CAFs and demographic information

The CAF is being used as the *assessment and planning tool*, to deliver preventative *child / family centred* multi-agency interventions, coordinated by a *lead professional (LP)* and supported by the *team around the child / family (TAC / TAF)*.

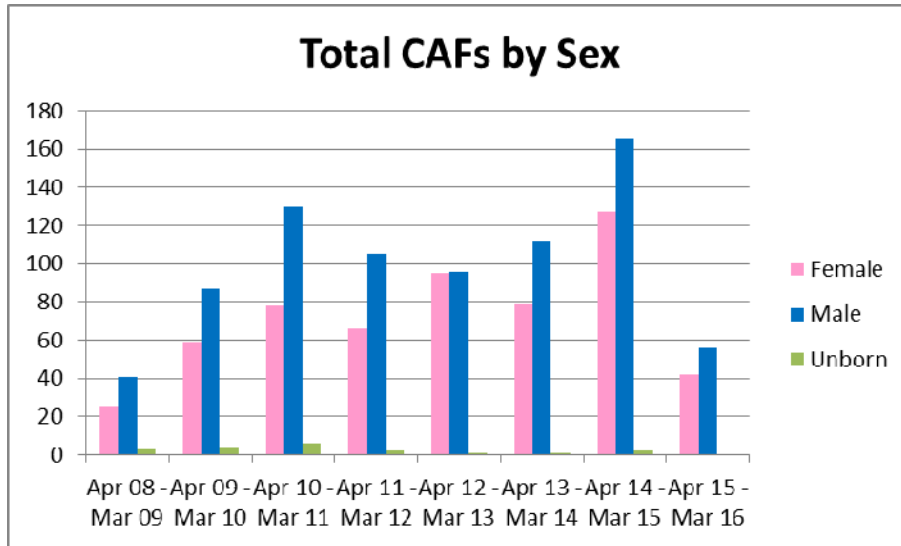
A total of **1382 CAFs** have been recorded in Kingston between April 2008 and June 2015 – including **98 new CAFs** initiated during Q1 2015-16. This is by far the highest number of CAFs per quarter in Kingston, more than doubling those initiated during the same period last year.



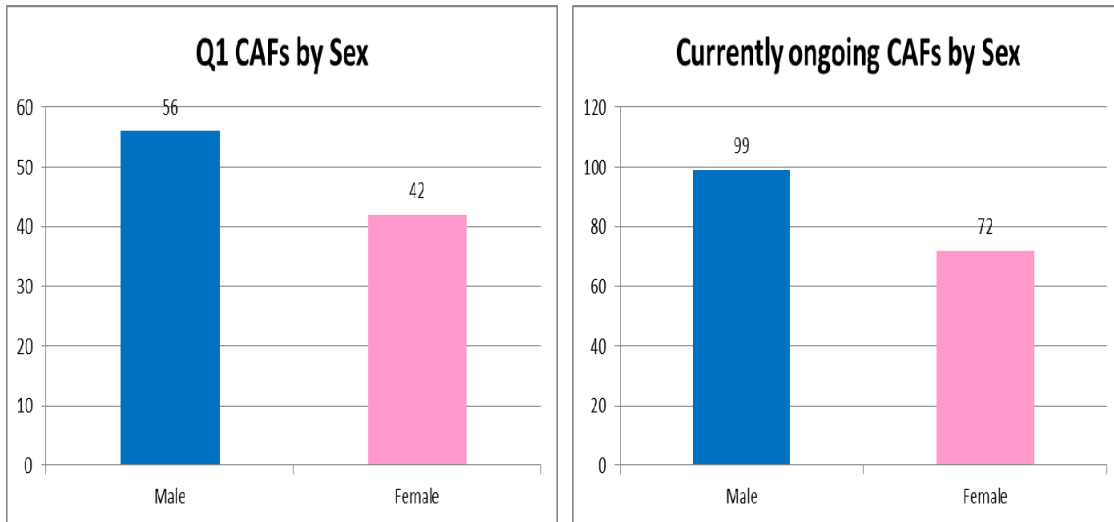
There are currently **171 ongoing CAFs** and further **70 eCAF<sup>2</sup>s in draft**.

<sup>2</sup> This means that the family have given verbal consent and the CAF assessment has started.

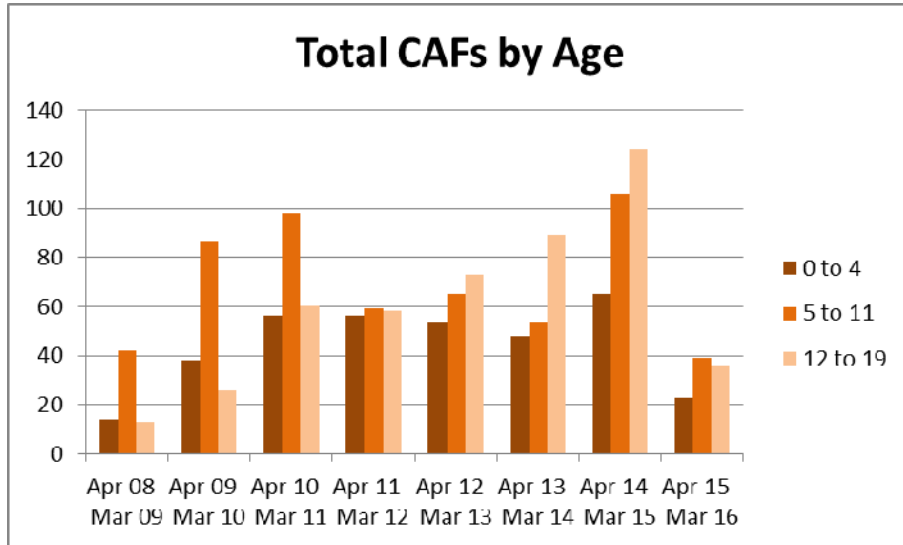
More males than females have been supported via the CAF process in Kingston:



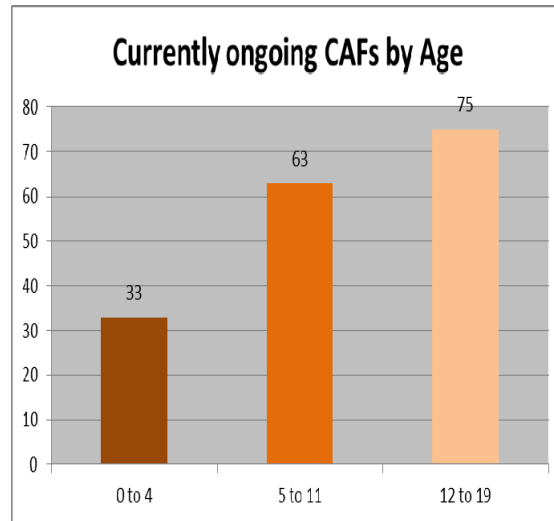
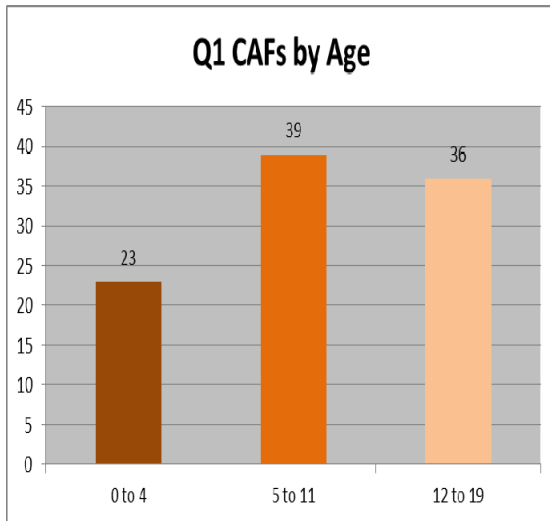
When looking at Q1 and currently ongoing interventions, the trend remains:



Overall, the age group with the higher number of CAFs is the 5-11 years old, although over the last few years more CAFs have been initiated for the 12-19s.

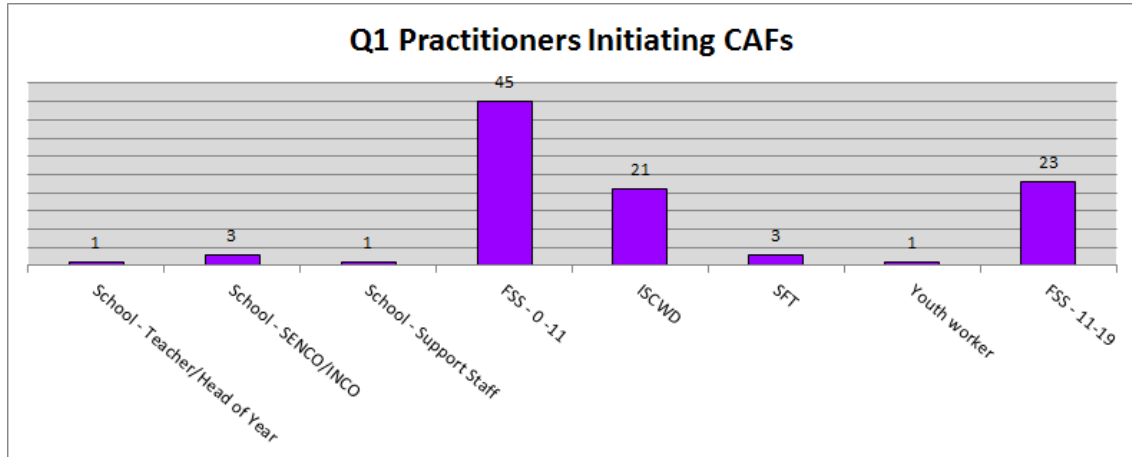


The graphs below show new CAF initiations during Q1 and those currently ongoing:

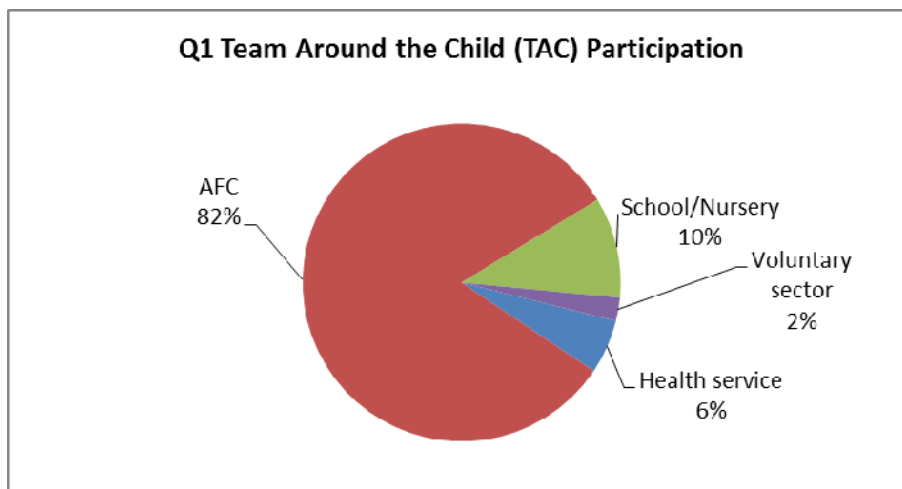


## 4.2 Practitioners across all agencies are involved in the CAF process

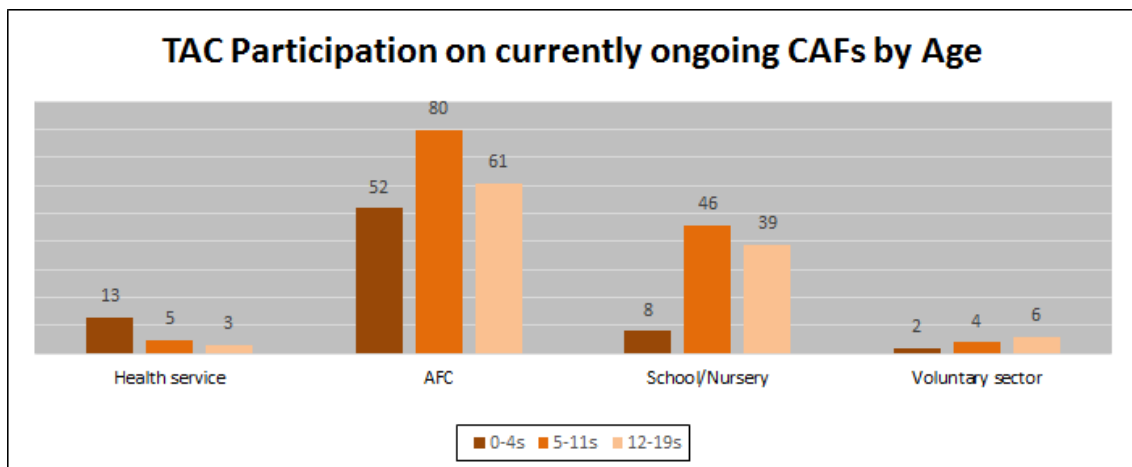
CAF initiations during Q1 2015-16 have been as follows:



The graph below shows TAC participation for ongoing CAFs during Q1:

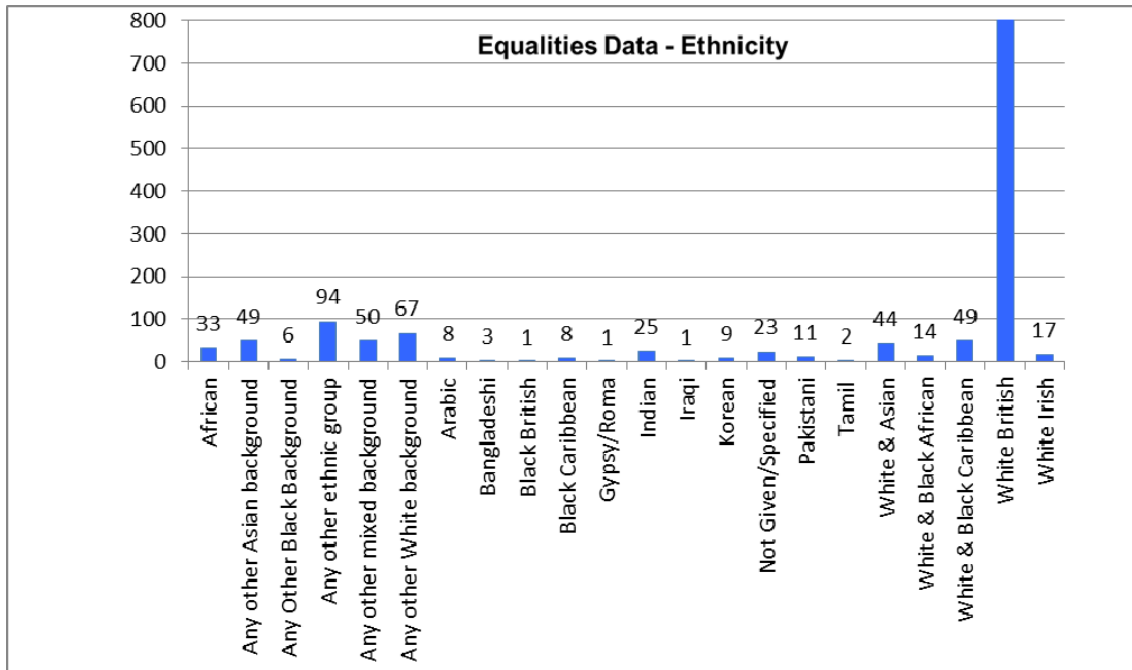


Current TAC multi-agency support in relation to age groups shows the following involvement:

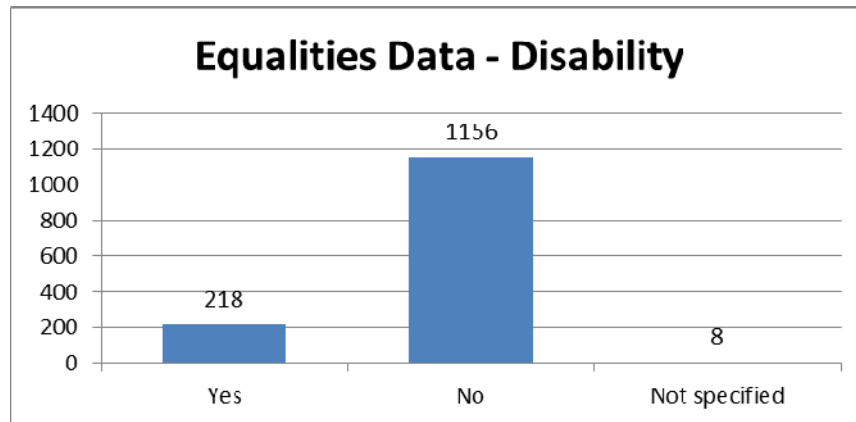


### 4.3 Equalities data:

The CAF is used across various ethnic backgrounds:



In some cases, it is also relevant to use the CAF process to support children with disabilities:

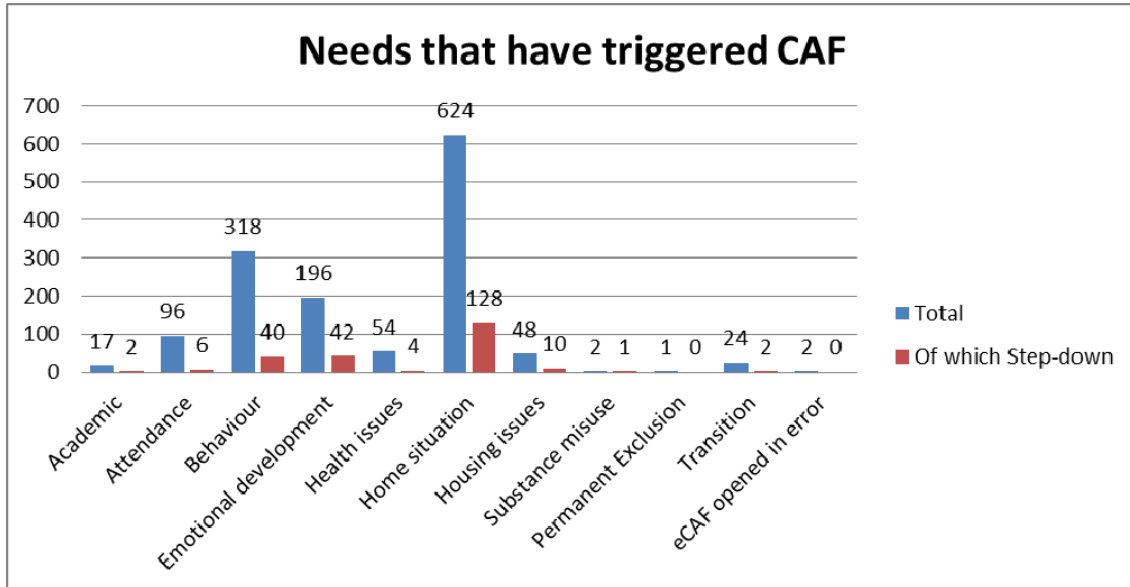


#### 4.4 Needs that have triggered CAF

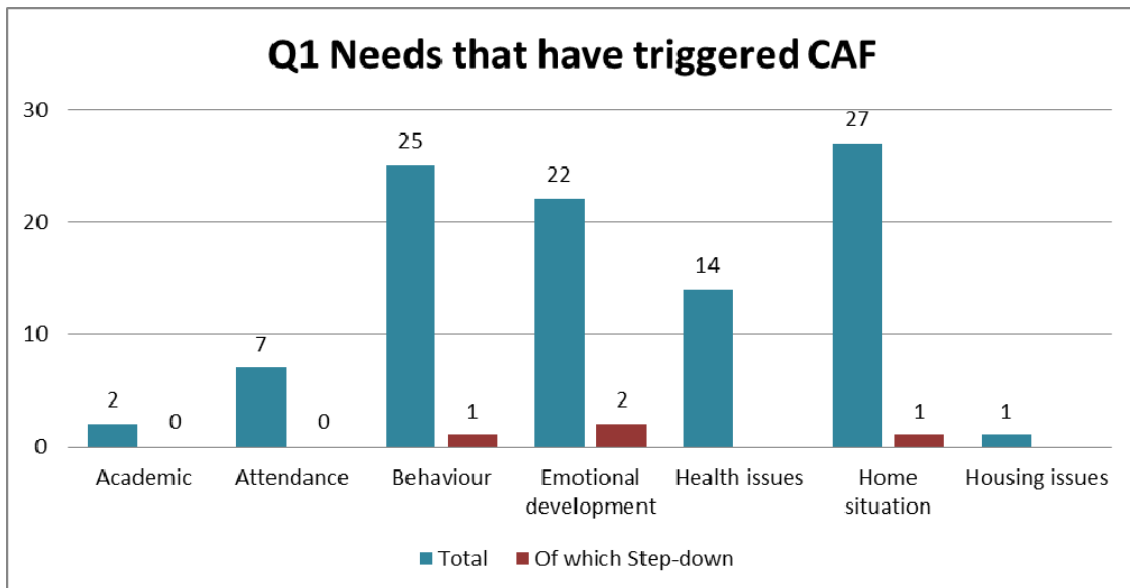
The main reason that has triggered CAFs in Kingston is undoubtedly the *Home Situation*. *Behavioural Issues* and the child / young person's *Emotional Development* complete the top three, although with much less occurrences.

21.5% of cases triggered by the *Home Situation* are the result of a *step-down* from a *statutory intervention*.

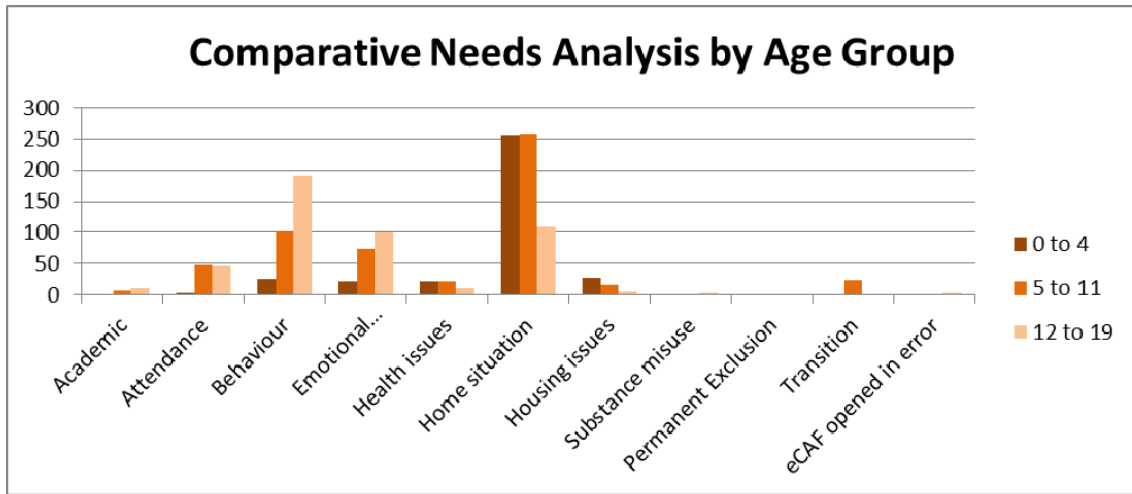
Overall, step downs represent 17% of CAFs when considered across all trigger needs.



The graph below shows last quarter's CAF initiations:

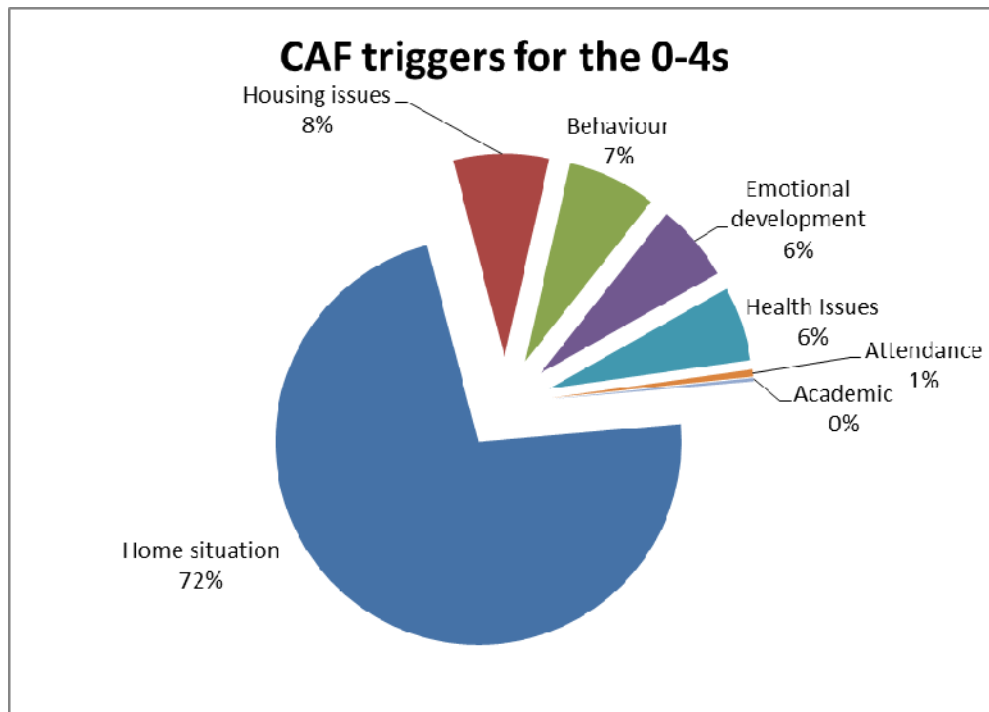


4.5 A Comparative Needs Analysis by age group is shown in the graph below, followed by a comparative detail for each specific group.



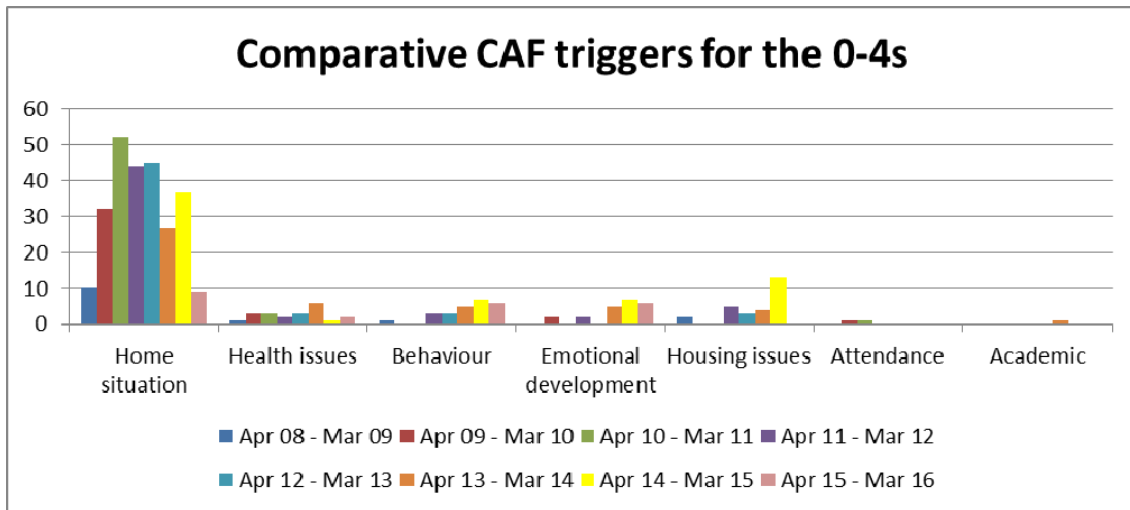
A cumulative detailed analysis within each specific group shows:

**0 to 4s** – Home situation, Housing, and Health issue and Behaviour are the key triggers for this age group.

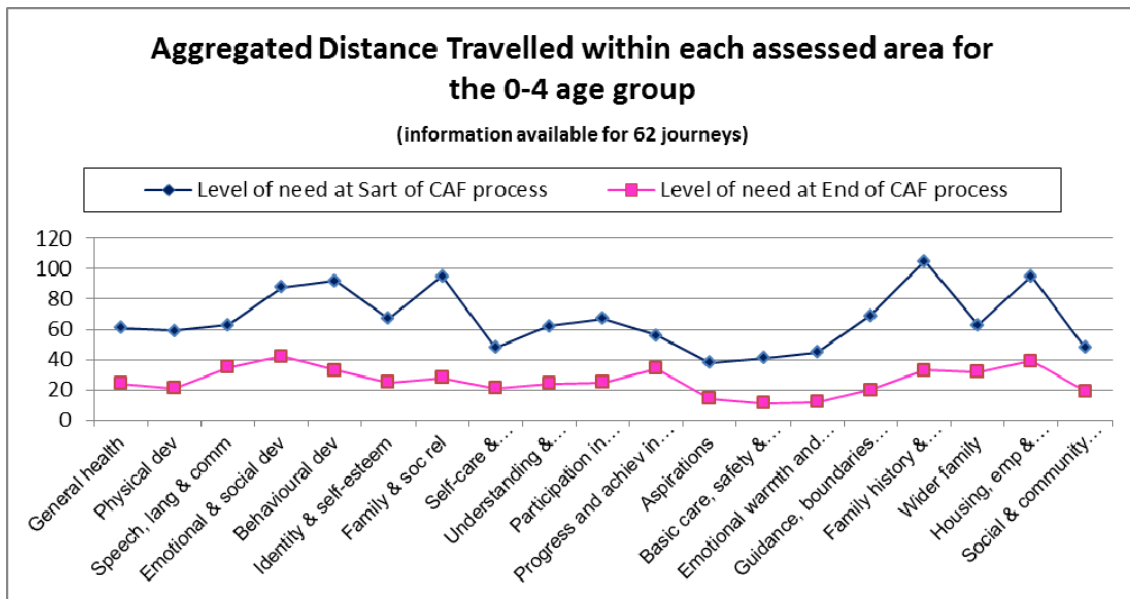




These have remained fairly consistent over time:



**Distance Travelled** information for the 0-4s shows that families have perceived a positive distance travelled in all areas at the end of their CAF journey:



**Home situation** has been consistently the main reason for CAFs within this age group, representing the majority of needed support. Some of the *wider issues* identified at home for cases within this category include:

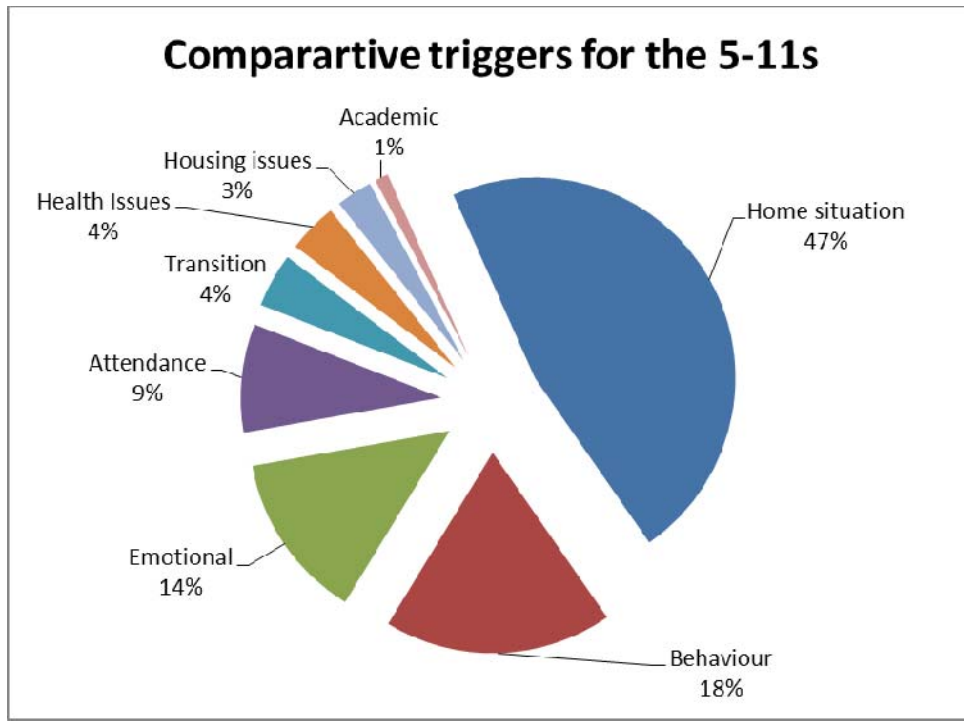
- Parental mental health was present in over 25% of cases, with domestic abuse and financial issues in just under 20%;
- **Also over 25% had 2 or more think family issues.**

**When looking at outcomes**, 239 out of 256 interventions triggered by the **Home situation** have now closed:

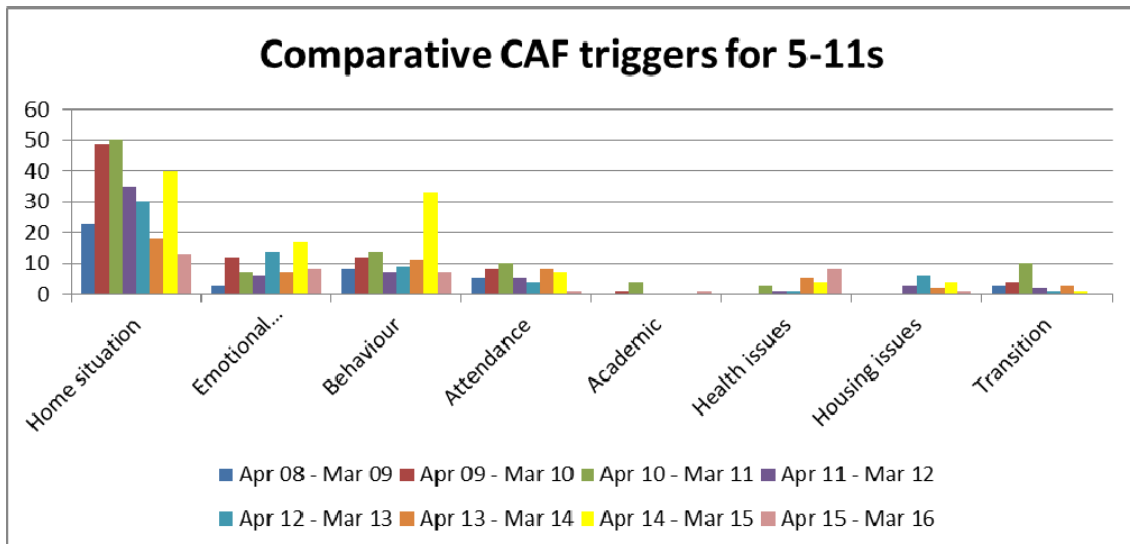
- 48% achieved all or some outcomes; and
- 25.5% stepped up to statutory support – 46% of these had been step downs.

**5 to11s**

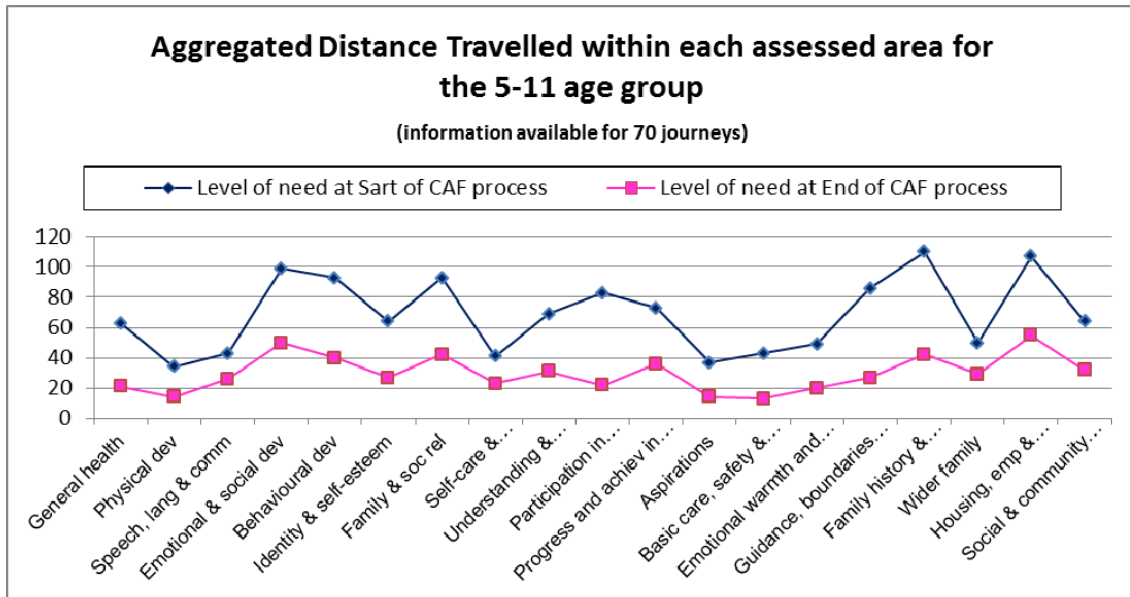
The *Home situation* is still the key trigger for this age group, representing nearly half of the support needed. *Behaviour* and *Emotional development* are also in the top three.



The key triggers for this age group have kept fairly consistent over time.



**Distance Travelled** information for the 5-11s shows that families perceived a positive distance travelled in all areas at the end of their CAF journey.



**Home situation** has been consistently the main reason for CAFs within this age group, representing the majority of needed support. Some of the *wider issues* identified at home for cases within this category include:

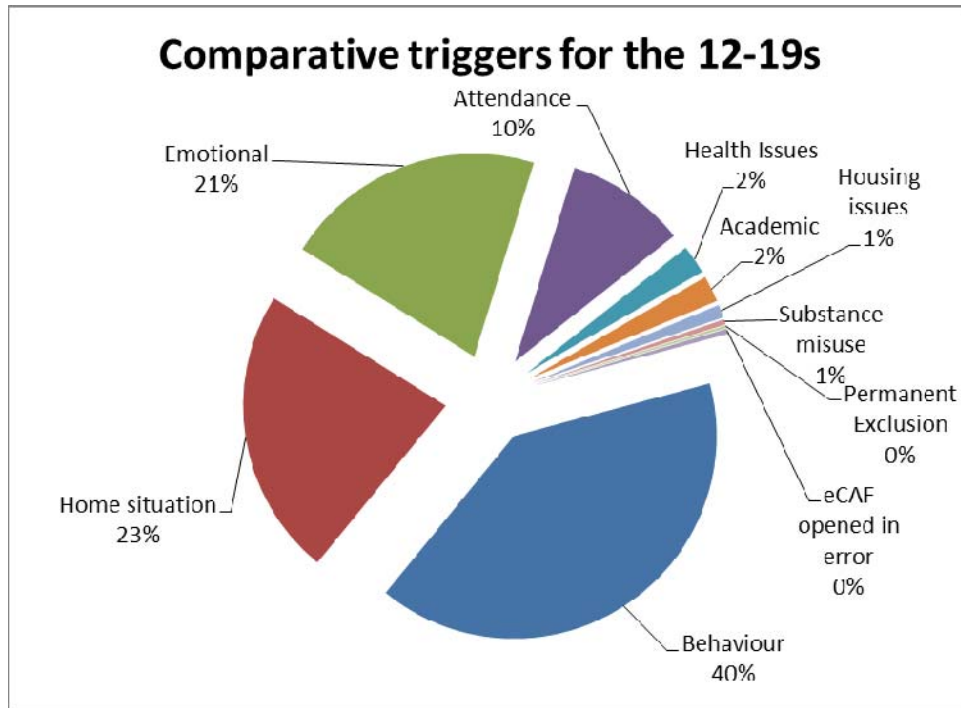
- Domestic abuse and parental mental health featured in over 15% of cases, whilst financial issues was present in over 10%
- **19.7% had 2 or more think family issues.**

**Looking at outcomes**, 242 out of 258 interventions triggered by the **Home situation** have now closed:

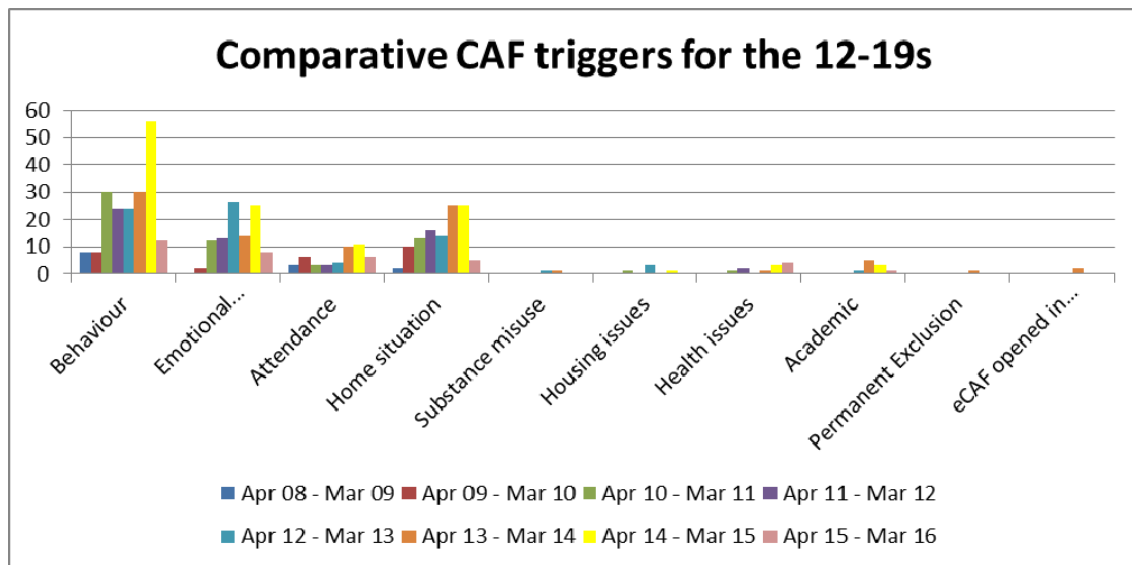
- 51.2% achieved all or some outcomes, and
- 18.5% stepped up to statutory support – 40% of these had been step downs.

**12 to 19s**

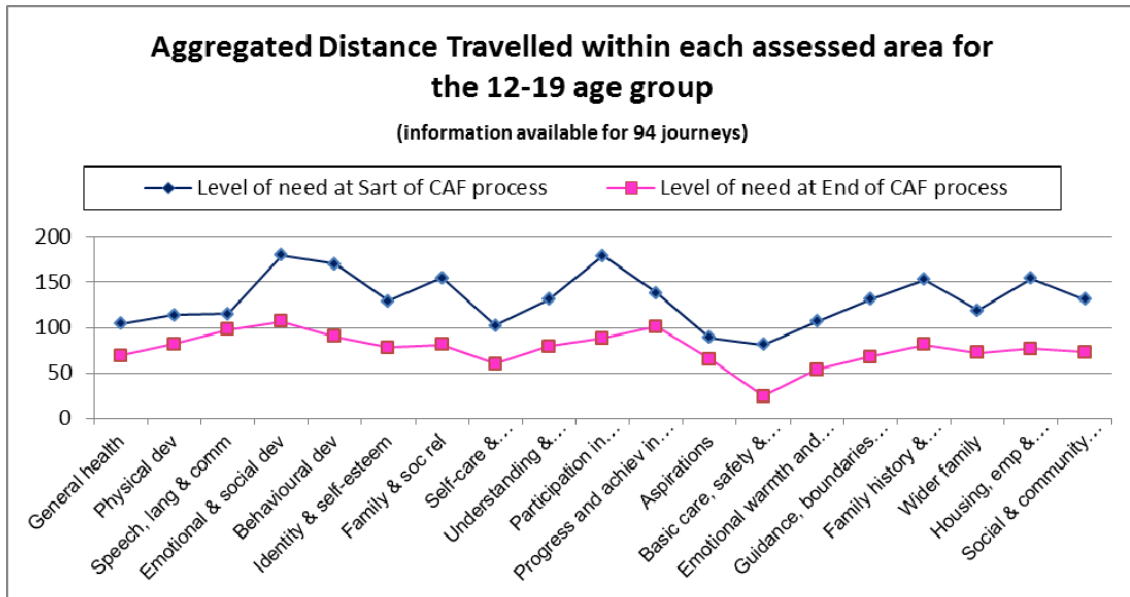
*Behaviour* is largely the highest CAF trigger for the 12-19s. *Home situation* and *Emotional development* are also in the top three.



The key triggers for this age group have kept fairly consistent over time.



**Distance Travelled** information for the 12-19s shows that a positive distance travelled was experienced in all areas.



**Looking at outcomes** at CAF closure for the key triggers in this age group:

- 166 out 192 interventions triggered by **Behaviour** issues have now closed:
  - 42.7% achieved all or some outcomes; and
  - 17.5% stepped up to statutory support.
- 95 out of 110 interventions triggered by the **Home situation** have now closed:
  - 45.3% achieved all or some outcomes; and
  - 16.8% stepped up to statutory support – of these 18% had been step downs.
- 82 out of 100 interventions triggered by **Emotional development** have now closed:
  - 52.4% achieved all or some outcomes; and
  - 17% stepped up to statutory support.

#### 4.6 Think Family

The top three *Think Family* strands identified via the CAF process in Kingston overtime include *Parental mental health*, *Domestic abuse*, and *Financial issues*.

There has been a big increase on Domestic abuse and *Chaotic home life* this quarter.

Over **29.6% of CAFs** have highlighted two or more *Think Family* issues.

Cumulative Think Family strands identified via the CAF process									
	Apr 08 Mar 09	Apr 09 Mar 10	Apr 10 Mar 11	Apr 11 Mar 12	Apr 12 Mar 13	Apr 13 Mar 14	Apr 14 Mar 15	Apr 15 Mar 16	Running Totals
Domestic Abuse	11	18	13	21	30	42	97	<b>37</b>	<b>259</b>
Bereavement	2	7	1	3	7	15	45	9	89
Chaotic homelife	0	0	0	0	0	0	0	12	12
Financial issues	5	6	5	10	36	65	98	<b>24</b>	<b>249</b>
Homelessness	0	0	0	0	1	2	0	0	3
Illness/disability	2	7	13	16	29	41	74	<b>34</b>	216
Mental health	8	14	19	12	31	51	109	18	<b>262</b>
Overcrowding	1	0	1	4	25	29	47	15	122
Family Member in prison	0	1	0	2	13	19	11	0	46
Substance misuse	1	1	4	2	13	39	51	8	119
Unemployment	0	0	1	3	20	42	74	8	148
2+ issues	7	16	9	11	63	81	176	<b>40</b>	<b>409</b>

**Note:** It is worth noting that **some of these may be historical** (notably Domestic abuse) and not necessarily happening at the time of the CAF assessment. However, these may still be having an impact for the family; it is likely that in order to support these cases, LPs may have to engage adult services as part of the TAC.

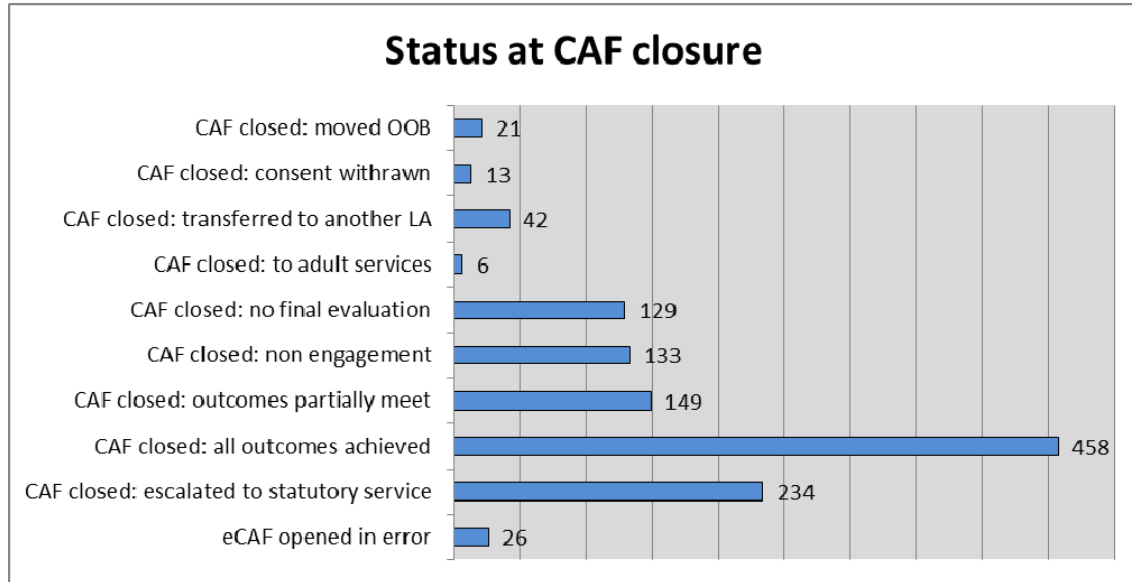
#### 4.7 CAF Status at closure

171 CAFs were ongoing at 30 June 2015.

1211 CAFs had closed at 30 June 2015, including 80 during the last quarter.

The *reason for closing the CAF* and a description of the *outcomes achieved* is stated by the LP in the *Delivery Plan and Review (DPR)* and *Final Summary*.

The chart below shows the reasons for closure for the cumulative number of closed CAFs:



#### Of the 80 cases closing during Q1:

- 45 (56.25%) achieved all or some outcomes, and
- 14 (17.5%) stepped-up to statutory support

Other closures during Q1 included:

- 8 (10%) opened in error
- 7 (8.75%) non engagement
- 4 (5%) consent withdrawn
- 2 (2.5%) moved out of borough

#### 4.8 CAF Journey: Distance Travelled Tool (DTT)

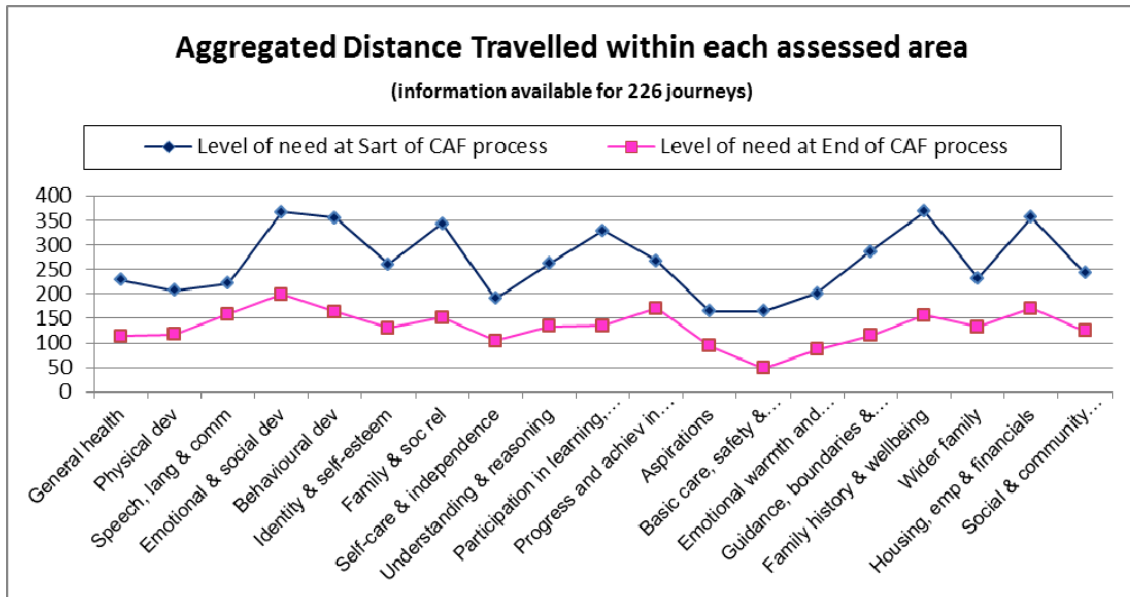
To help evidence how interventions are kept *centred* around children and young people, practitioners have been using the DTT. This tool allows children and young people to *scale* their identified needs, and *measure how they perceive they are progressing* as they work with the TAC towards achieving their outcomes.

**52 out of 80** CAF interventions closing this quarter had DTT information. This brings the current cumulative DTT information to **226 CAF journeys**.

Progress within individual areas of assessment *must be seen in the context of each individual case*. However, as an organisation, it is useful to consider the *aggregated impact* perceived by children and young people in the 19 areas assessed through the CAF process.

Overtime, this information is helping identify successes and areas for improvement, as well as informing service provision.

A graphical representation of the aggregated **226 CAF journeys** shows that on average, families have experienced a *positive* DTT in *all areas* following their CAF intervention.

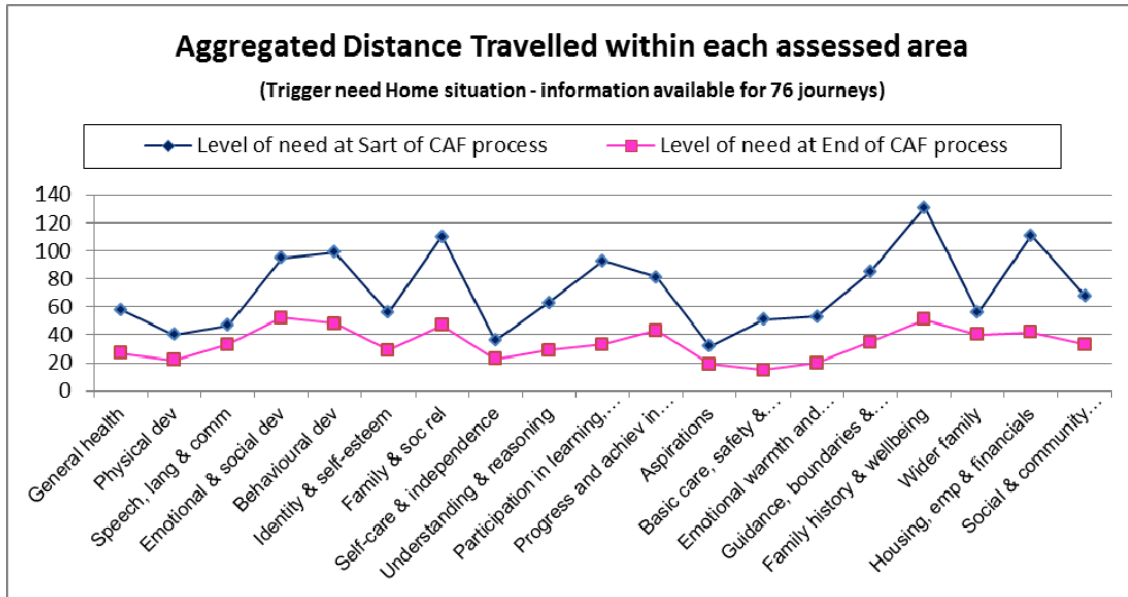




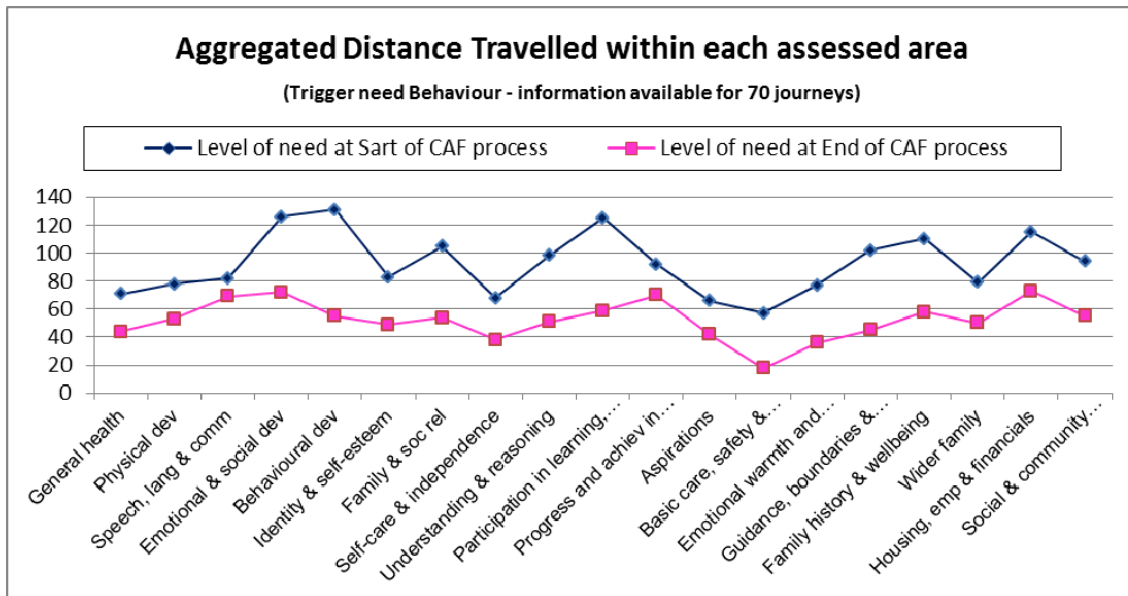
Looking at how interventions are perceived by families in relation to the main need that prompted the CAF, we can start building a picture of what *impact* we are having in supporting the families we work with.

**DTT information linked to the three key triggers in Kingston:**

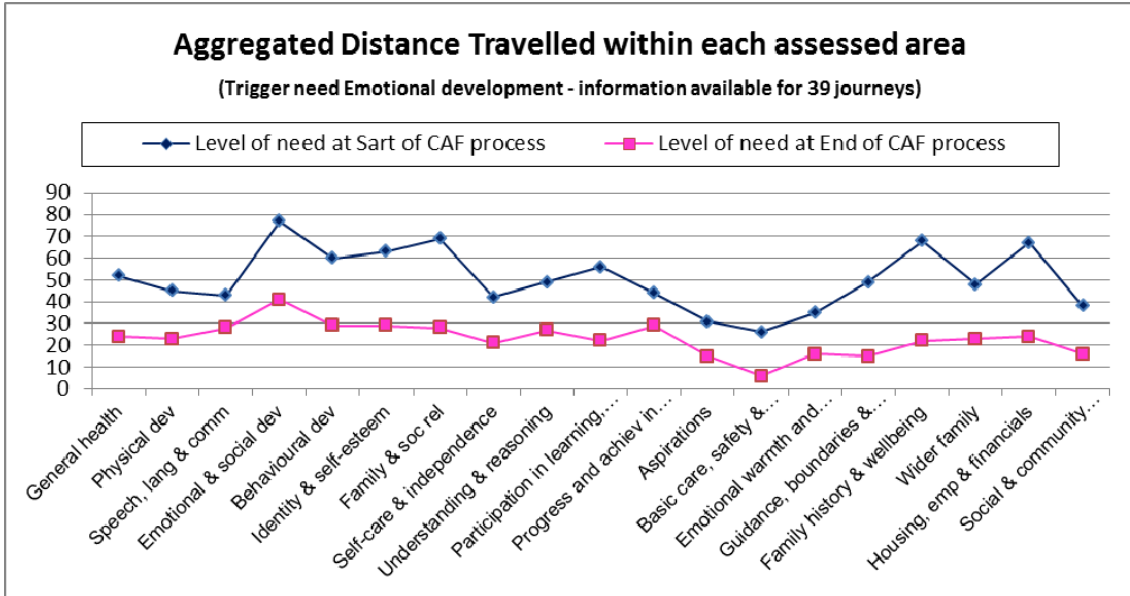
Where the **Home situation** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the ones relating to the trigger need itself.



Where **Behaviour** prompted the CAF the overall DTT is *positive*; families have perceived good progress in most areas, including the trigger need itself.



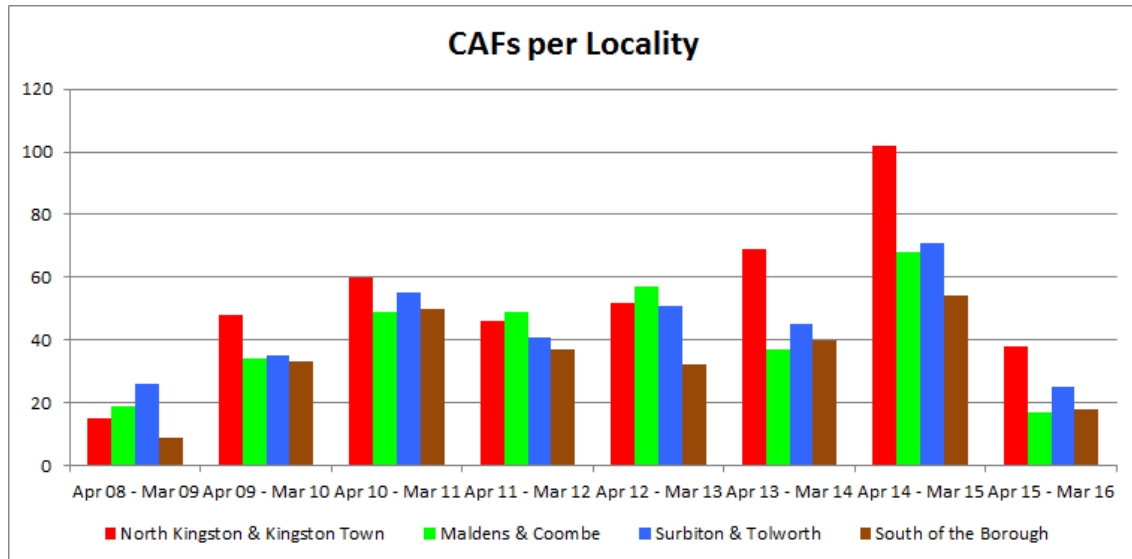
Where **Emotional development** prompted the CAF the overall DTT is *positive*; families have perceived progress in all areas, including the trigger need itself.



## 5. Kingston Localities CAF data overview

### Number of CAFs and demographic information by locality

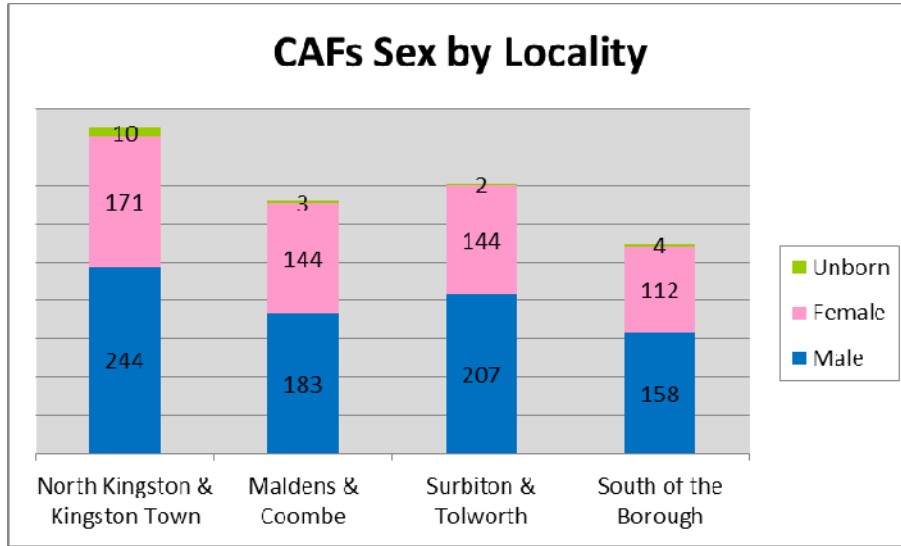
The chart below shows the *cumulative* number of CAFs per locality:



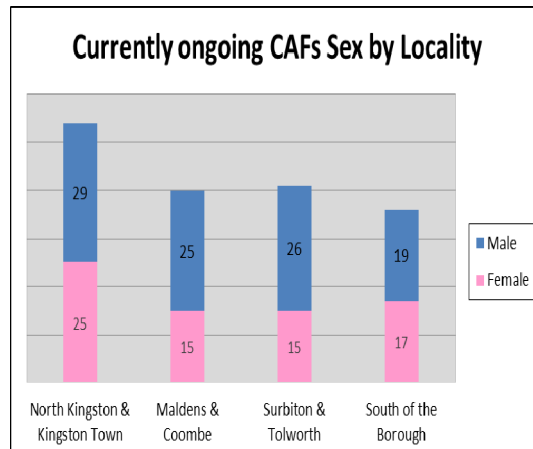
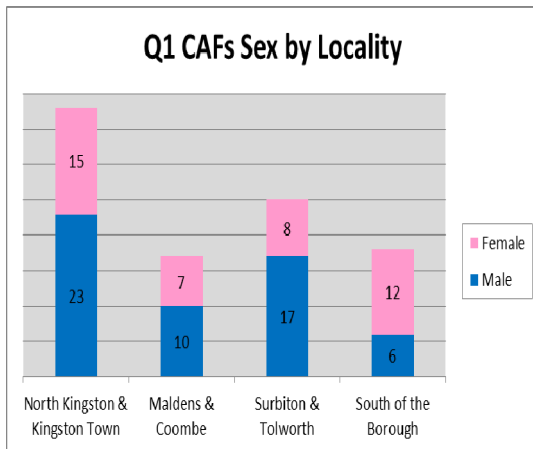
The **98 new CAFs this quarter**, match to the localities as follows:

- 38 new CAFs in North Kingston & Kingston Town;
- 17 new CAFs in Maldens & Coombe;
- 25 new CAFs in Surbiton & Tolworth; and
- 18 new CAFs in South of the Borough.

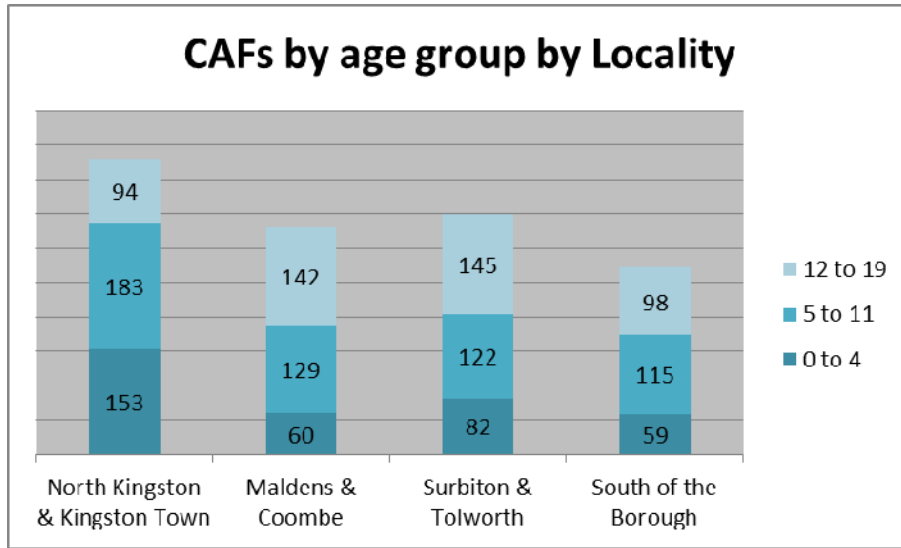
More males than females have been through the CAF process in all localities in Kingston, which is consistent with the borough wide figures:



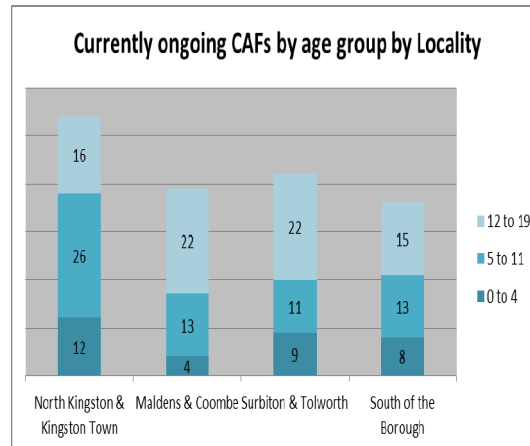
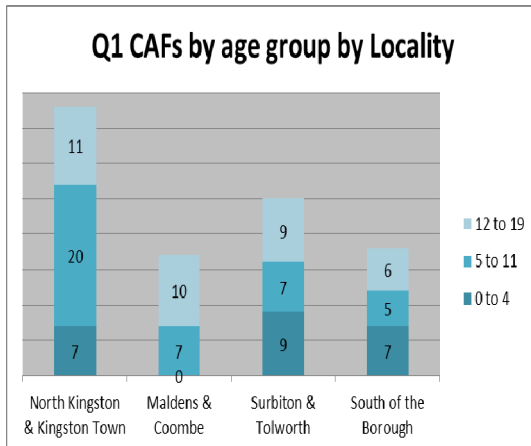
When looking at Q1 more females have gone through the CAF process in *South of the Borough*; however, the borough wide trend remained for currently ongoing CAFs:



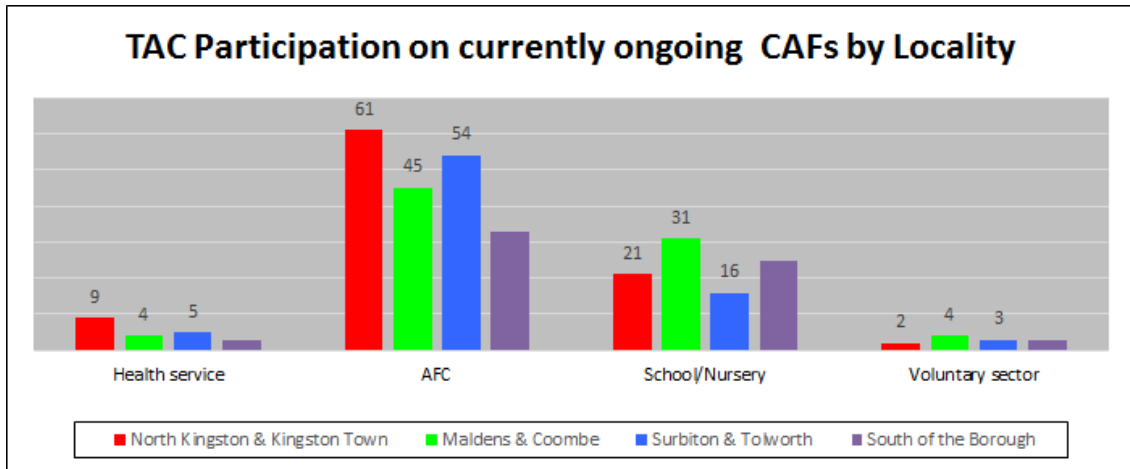
The 12-19s age group have the higher number of CAFs in two out of four localities, with the 5-11s having the higher number in the other two.



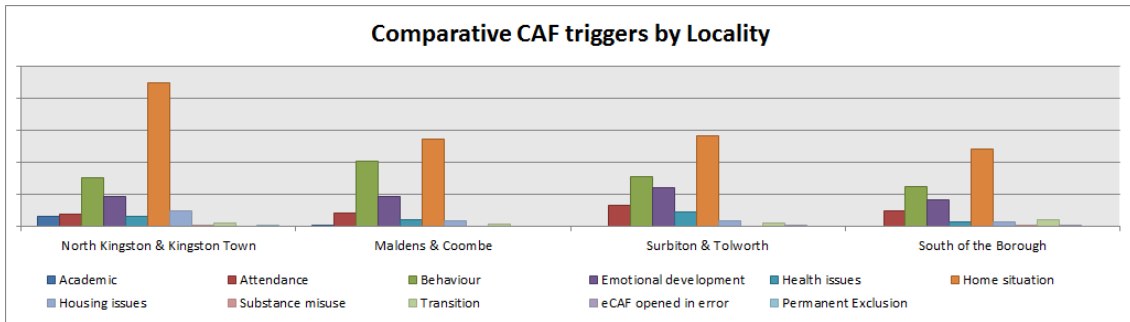
The graphs below show new CAF initiations during Q1 and currently ongoing CAFs:



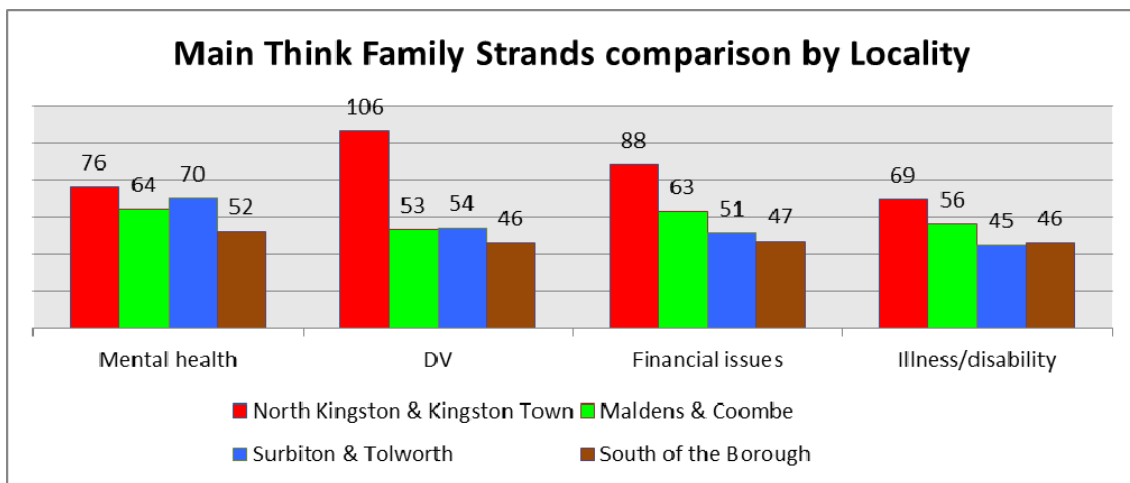
TAC participation to support ongoing CAF interventions in the localities is as follows:



In terms of needs triggering CAFs, the **Home situation** has been by far the main trigger in all four localities.

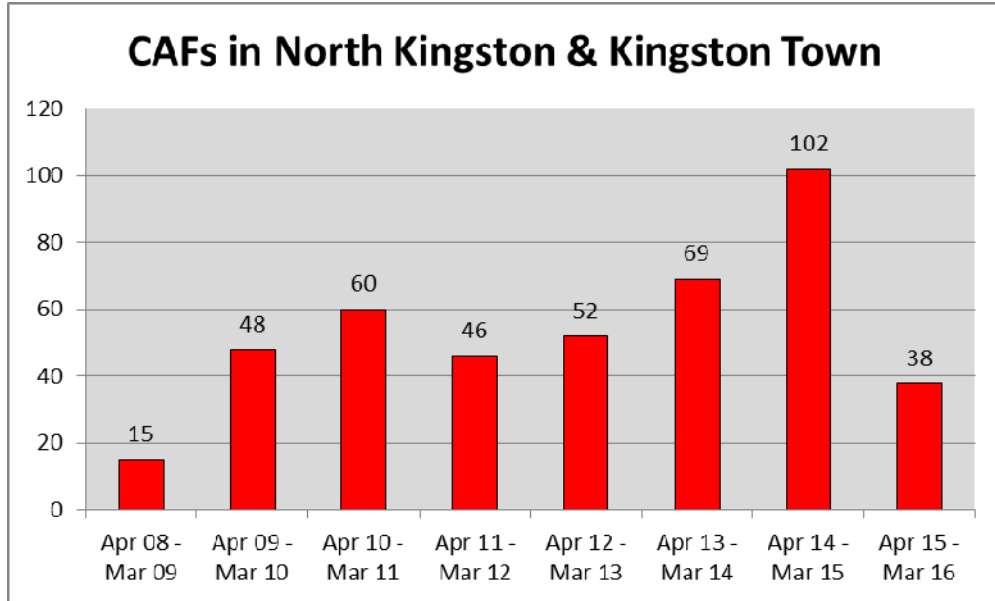


The chart below shows the aggregated numbers of key **Think Family** strands identified via the CAF process:

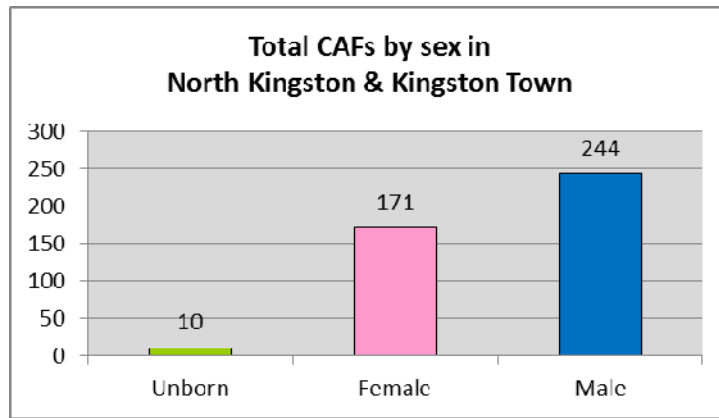


### 5.1 North Kingston & Kingston Town (NK&KT)

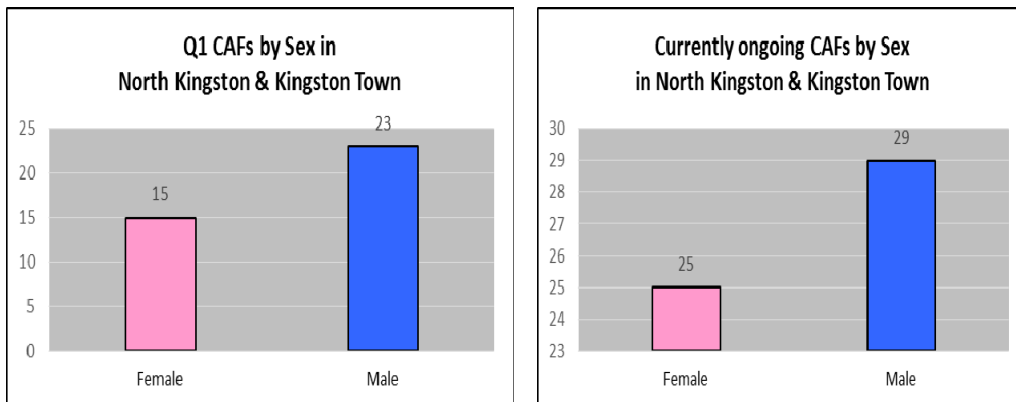
NK&KT account for a cumulative **31.1%** of the total CAFs borough wide, comparatively the local area with the higher number of CAFs in Kingston. **430 CAFs** have been undertaken over time, including **38 new cases** during the last quarter.



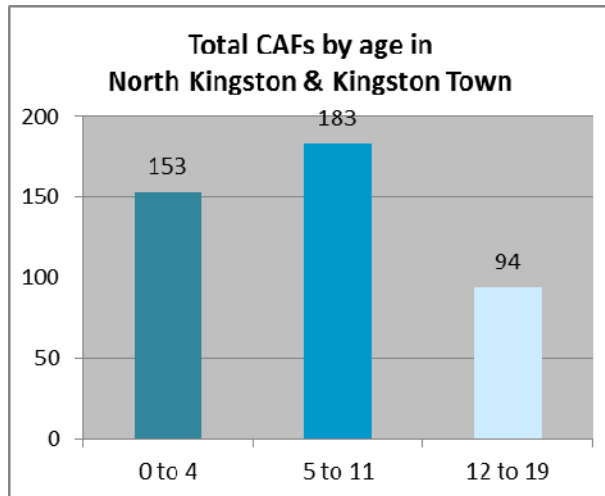
More males than females have gone through the CAF process in NK&KT:



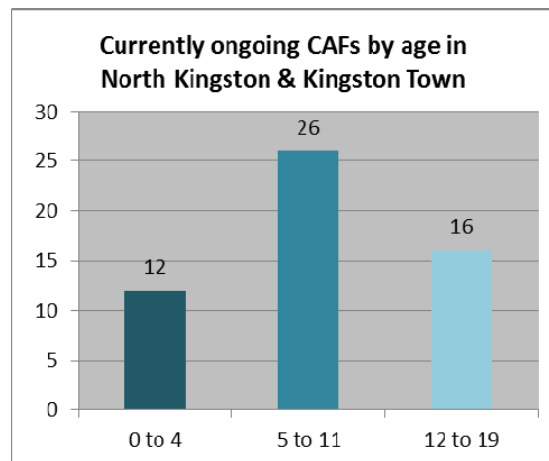
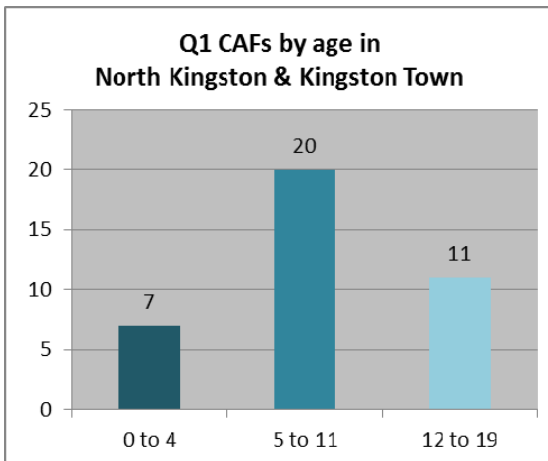
The trend remained during Q1 and for currently ongoing CAFs:



When looking at age groups, higher numbers occur in the **5-11s** and **0-4s** age groups in this locality:

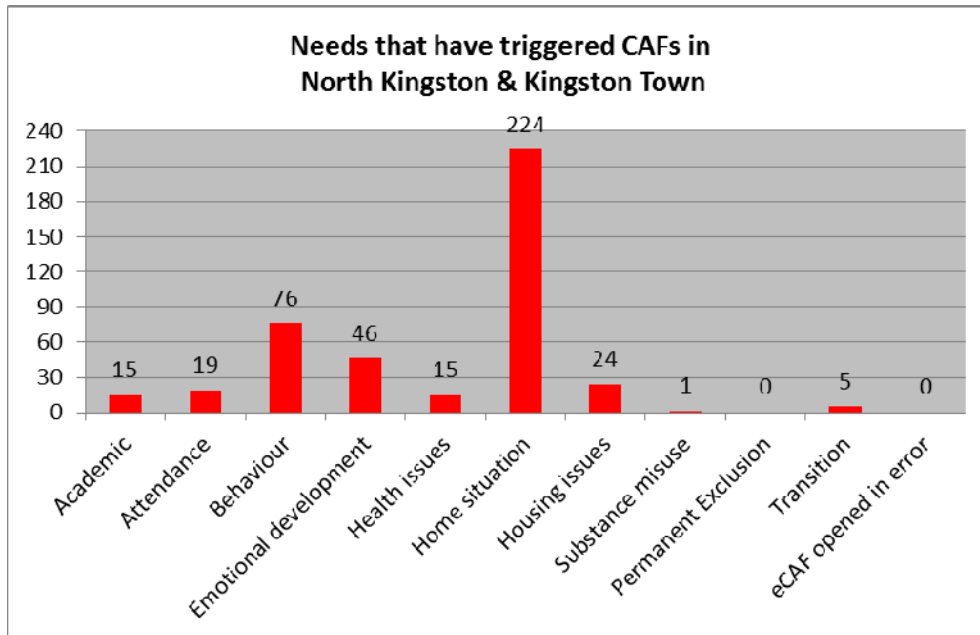


During Q1 there were more CAFs for the 5-11s, with the 5-11s having the higher number of ongoing CAFs:

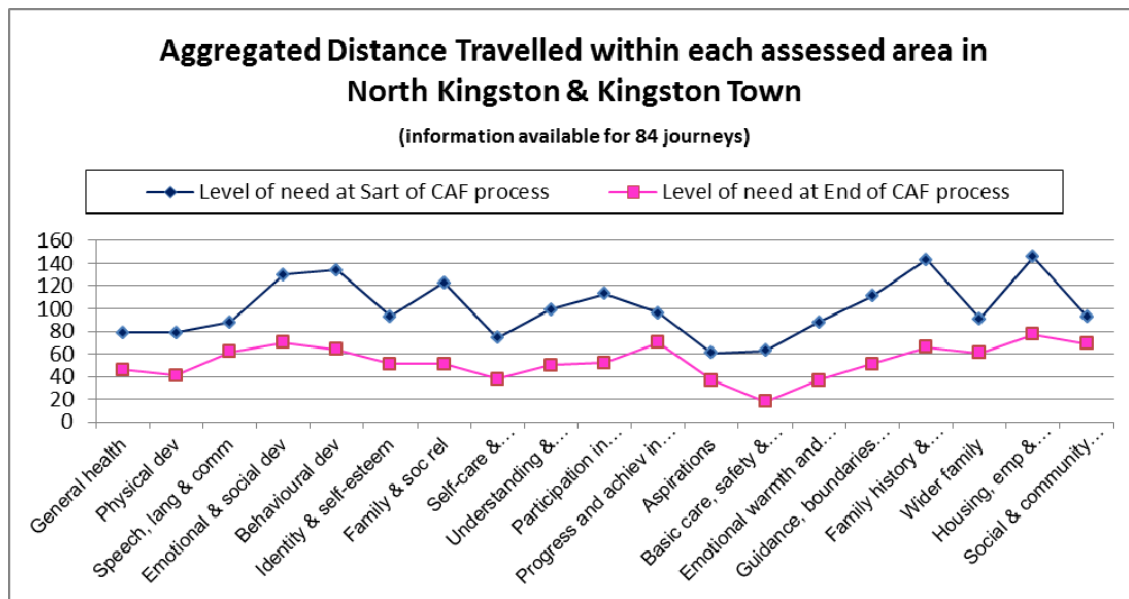




The key trigger for CAFs in this locality is the *Home situation*. With the 5-11s and 0-4s age groups having the most occurrences of CAFs, this trigger is consistent with those identified borough wide for these age groups.



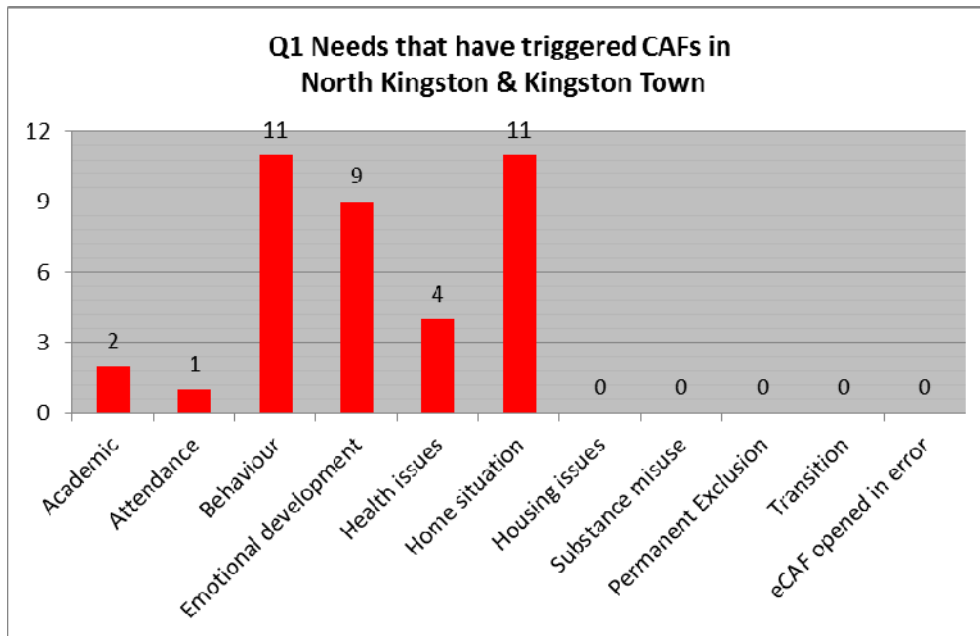
**Distance Travelled information** is available for **84 journeys**, including 21 new journeys this quarter. A *positive* DTT was clearly experienced in all aspects in this local area.



**When looking at closed CAFs in relation to the key trigger:**

- 211 out of 225 cases triggered by the **Home situation** have now closed:
  - 54% achieved all or some outcomes, and
  - 21% stepped up to statutory services – 69% of these had been step downs.

**Behaviour** and **Home situation** have been the key trigger during Q1:



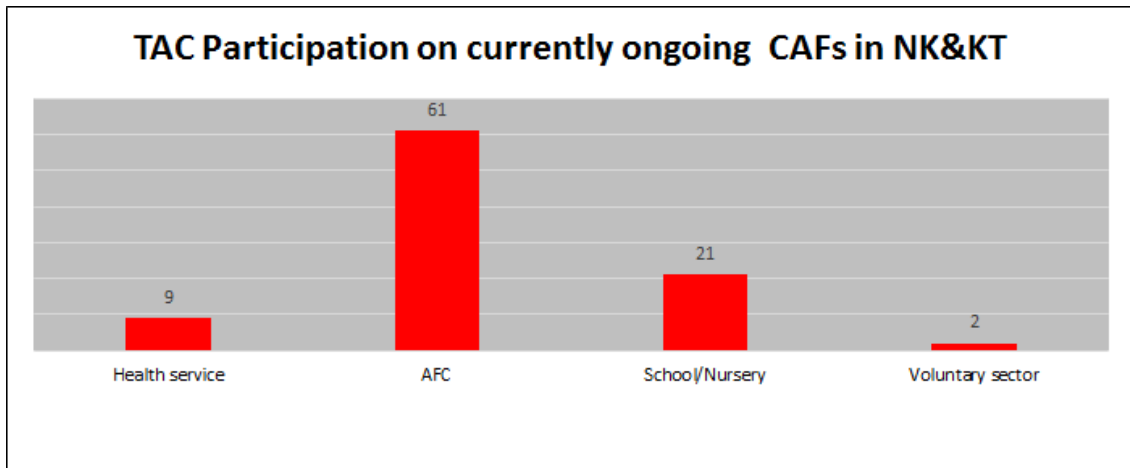
**54 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Behaviour x 19
- Home situation x 14
- Emotional development x 12
- Health issues x 4
- Academic x 3
- Attendance x 1
- Housing x 1

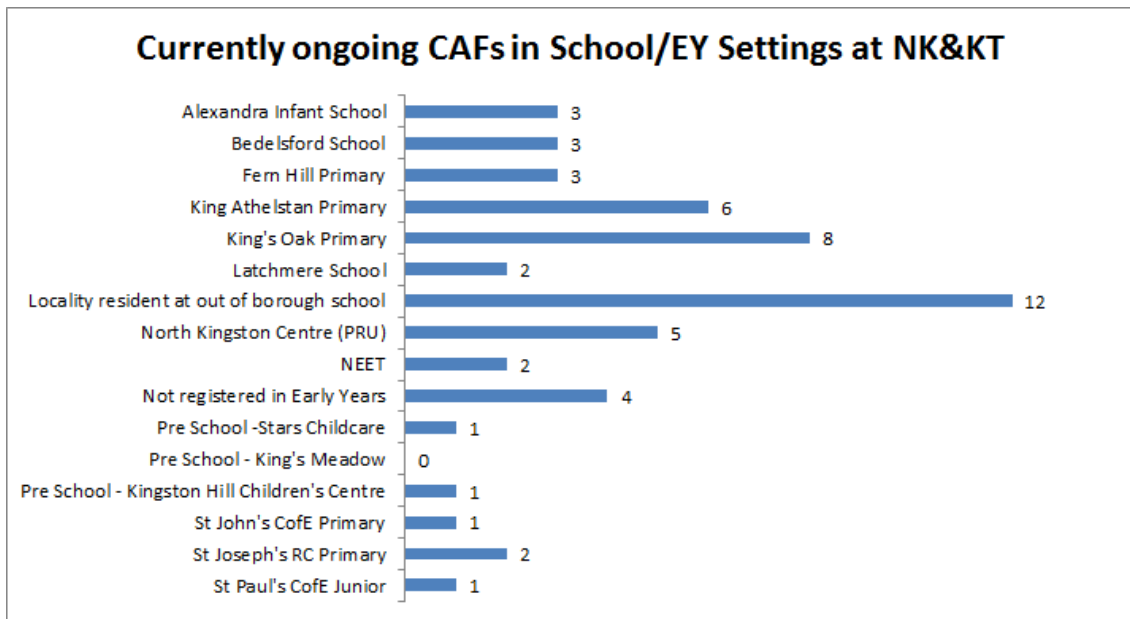
**Think family** information relating to these ongoing cases shows that:

- Domestic abuse and financial issues were identified in over 40% of cases, whilst parental mental health and long term illness or disability featured in over 20%;
- **44.5% of ongoing cases present 2 or more think family strands.**

**TAC participation** for currently ongoing CAFs is as follows:

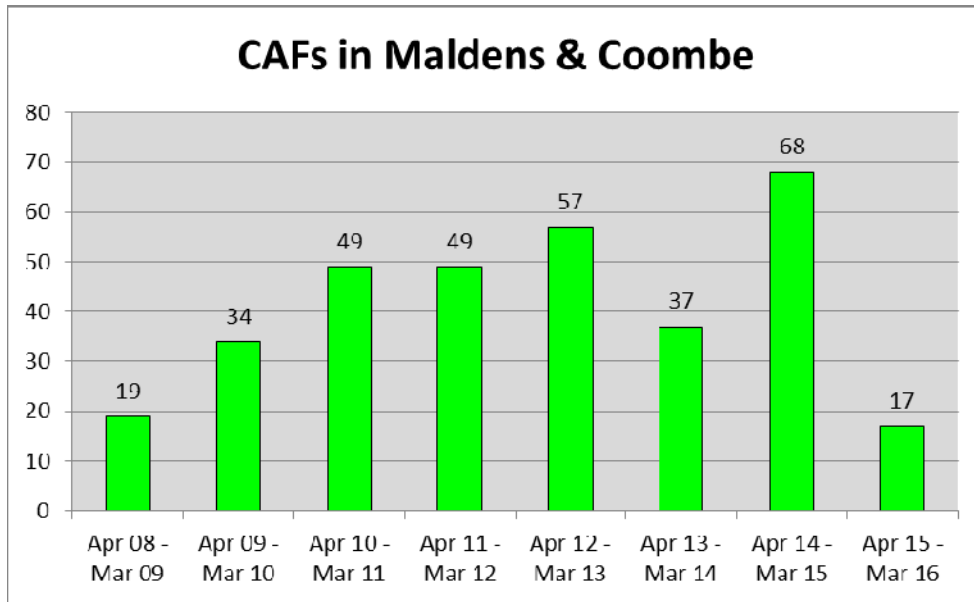


The graph below shows the **school / EY setting** distribution of open CAFs in NK&KT:

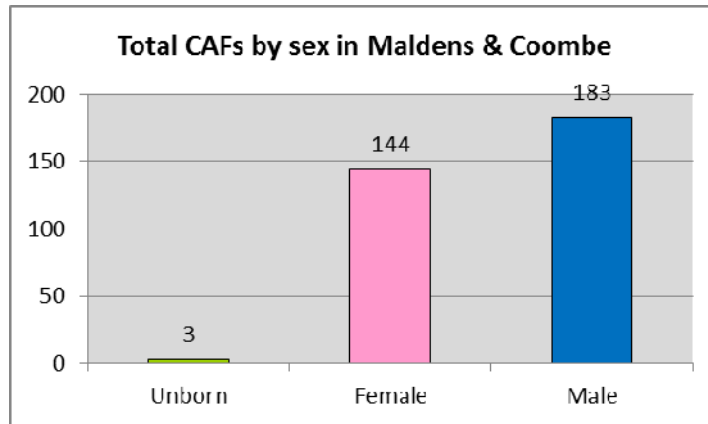


## 5.2 Maldens & Coombe (M&C)

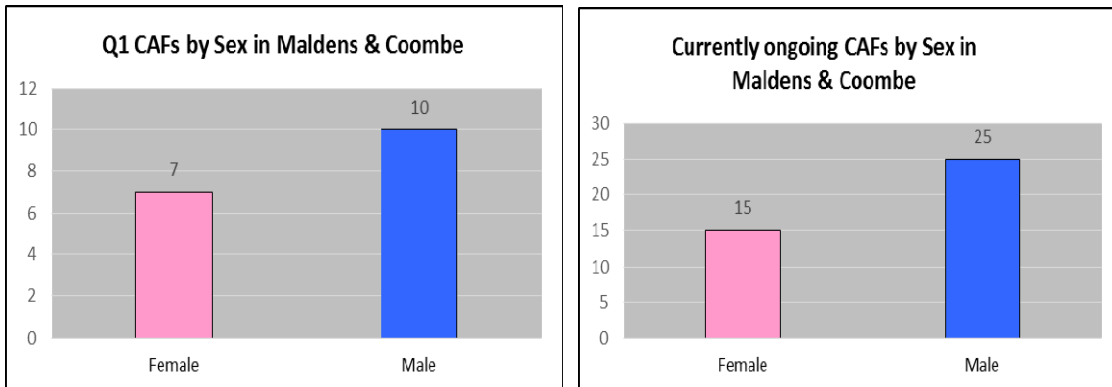
M&C account for a cumulative **23.9%** of the total CAFs borough wide. **330 CAFs** have been undertaken over time – including **17 new cases** during the last quarter.



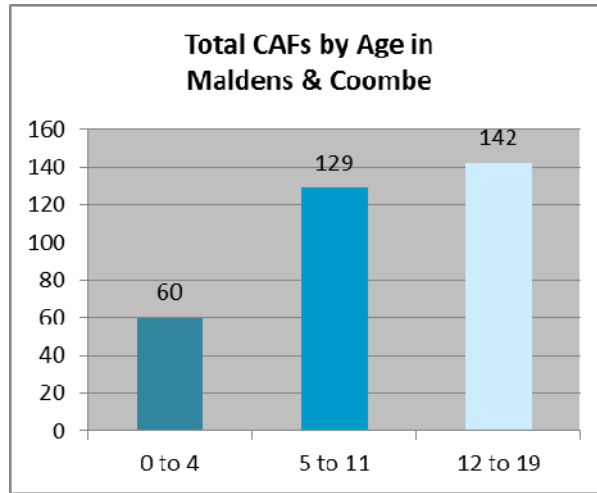
More males than females have gone through the CAF process in M&C:



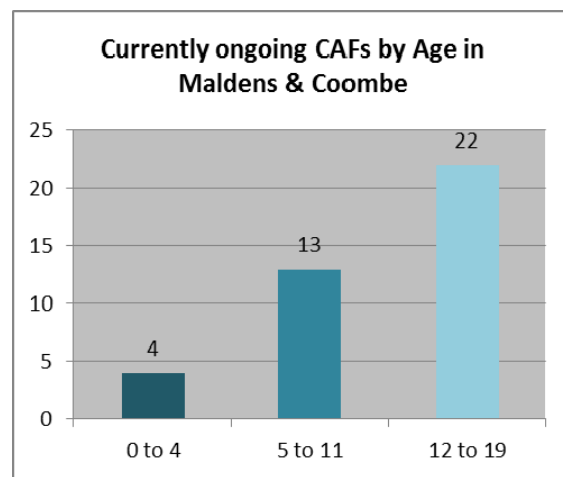
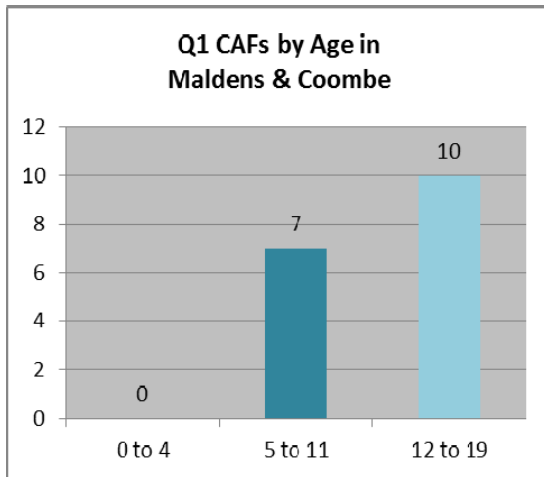
The trend remained over Q1 new CAF initiations and for currently ongoing CAFs:



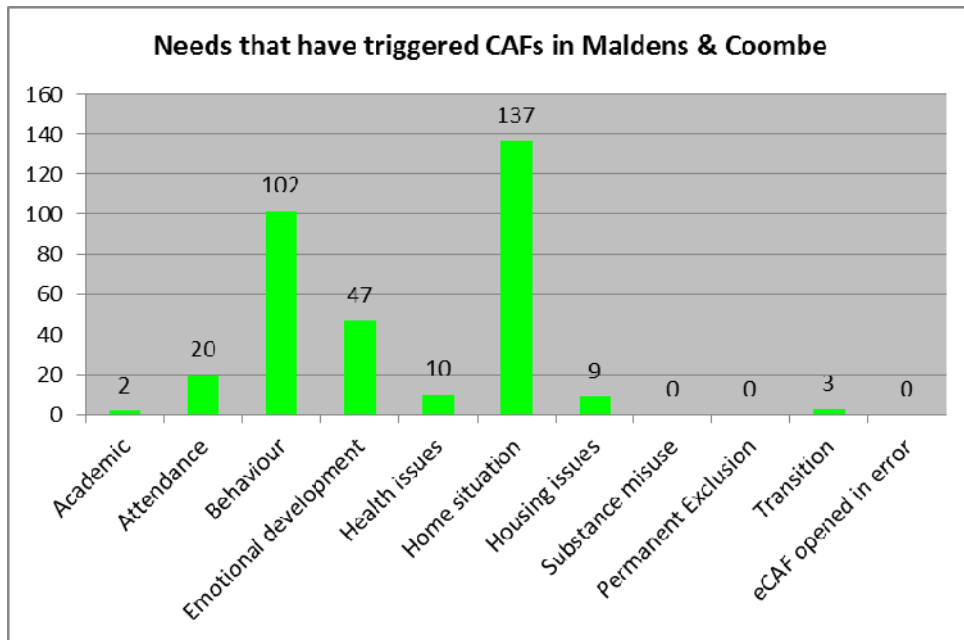
The 12-19s and 5-11s age groups have the higher number of CAFs in this locality:



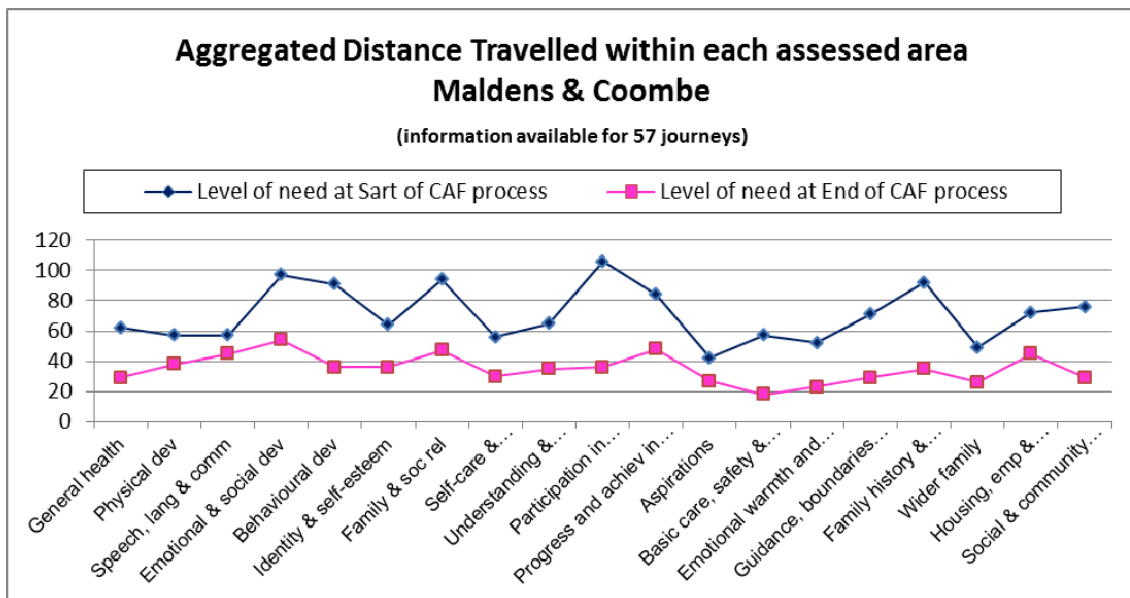
The trend remained for new CAFs initiated during Q1 and for currently ongoing CAFs:



The key triggers for CAFs in M&C are *Home situation*, *Behaviour* and *Emotional development*. With the 12-19s and 5-11s age groups having the most occurrences of CAFs, these triggers are consistent with those identified borough wide for these age groups.



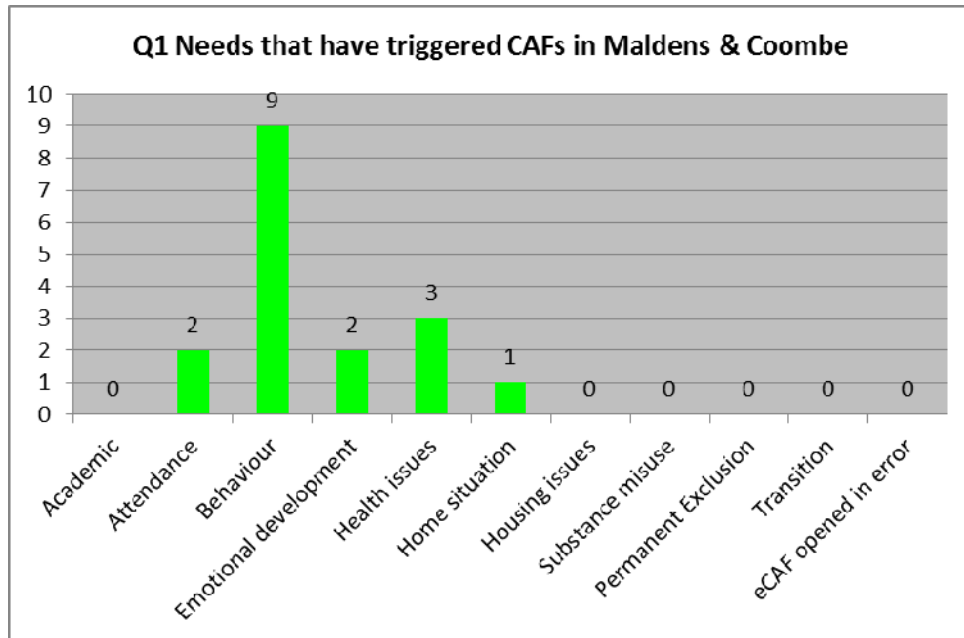
**Distance Travelled information** is available for **57 journeys** in this locality, including **18 new journeys** this quarter. A *positive* DTT was experienced in all aspects in this local area.



**When looking at closed CAFs in relation to the three key triggers:**

- 130 out of 137 cases triggered by the **Home situation** have now closed:
  - 43% achieved all or some outcomes, and
  - 24.6% stepped up to statutory services – of these 18.7% had been step downs.
- 84 out of 102 cases triggered by **Behaviour** issues have now closed:
  - 45.2% achieved all or some outcomes, and
  - 21.4% stepped up to statutory services.
- 41 out of 47 cases triggered by **Emotional development** have now closed:
  - 56% achieved all or some outcomes, and
  - 9.7% stepped up to statutory services

**Behaviour** has been the key trigger during Q1:



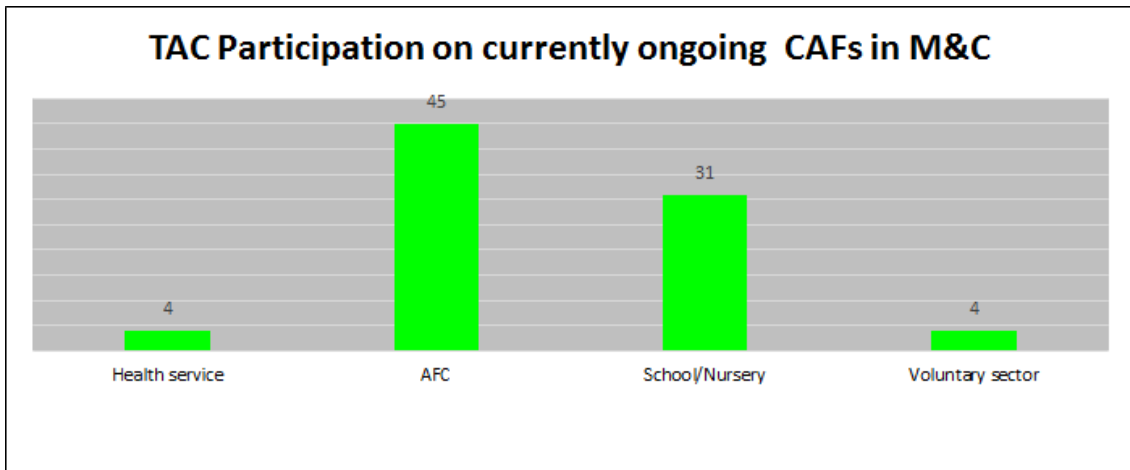
**39 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Behaviour x 18
- Home situation x 7
- Emotional development x 6
- Attendance x 4
- Health issues x 3
- Housing issues x 1

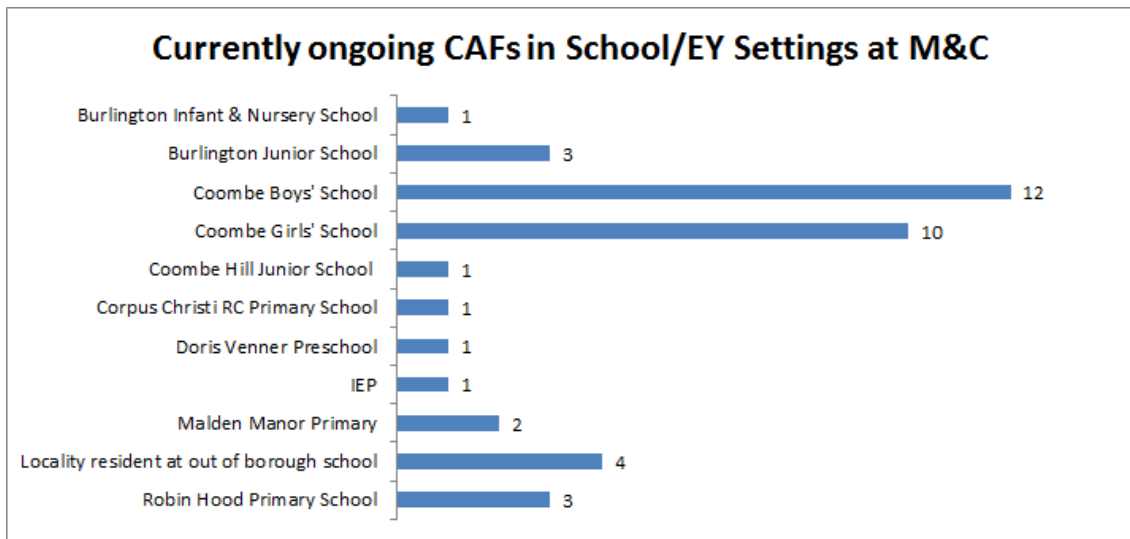
**Think family** information relating to these ongoing cases shows that:

- Parental mental health and financial issues were identified in over 40% of cases, with long term illness or disability and domestic abuse featuring in just under 20%
- **54% of ongoing cases present 2 or more think family strands.**

**TAC participation** for currently ongoing CAFs is as follows:



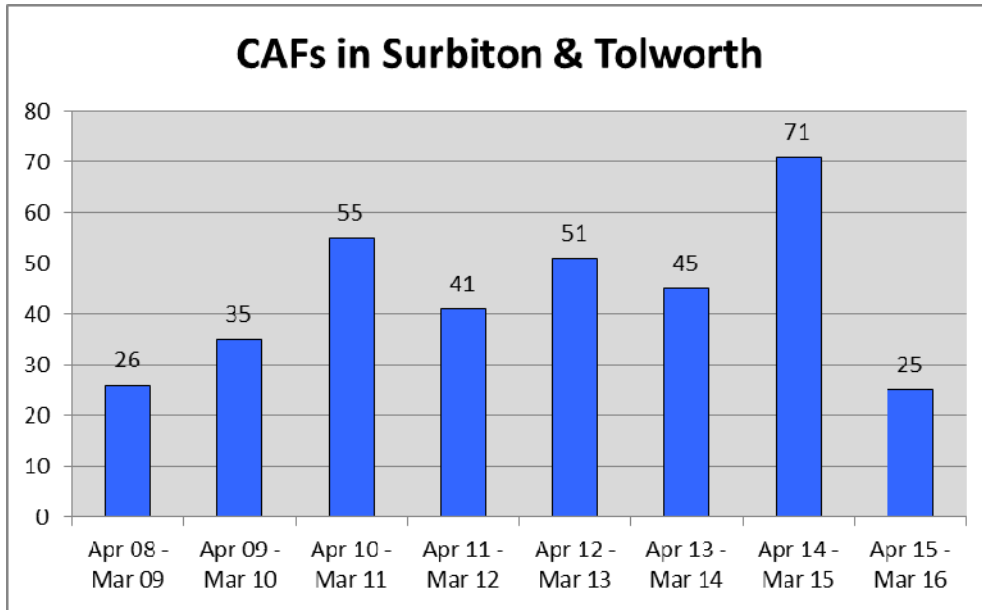
The graph below shows the **school / EY setting** distribution of open CAFs in M&C:



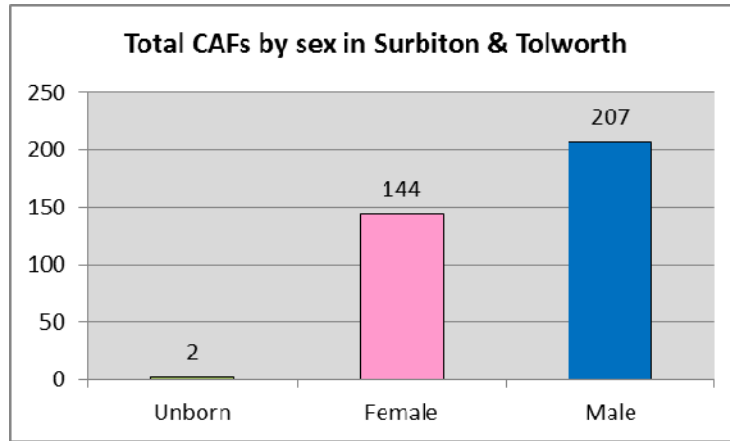


### 5.3 Surbiton & Tolworth (S&T)

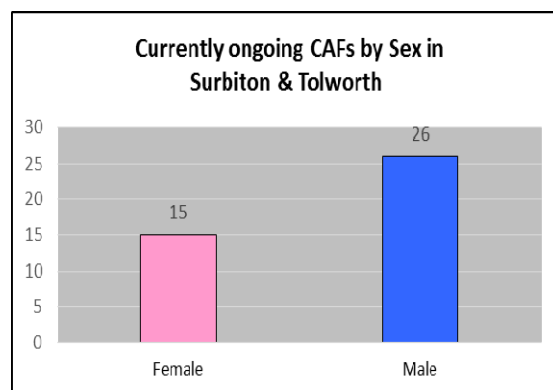
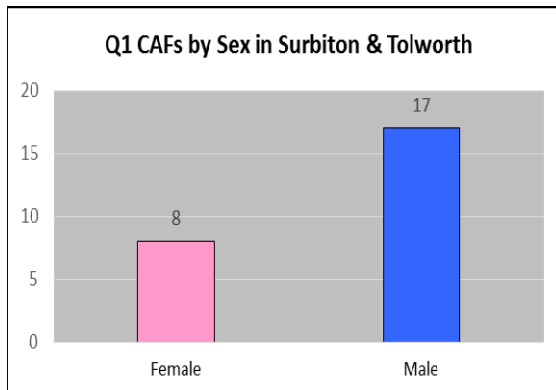
S&T account for a cumulative **25.3%** of the total CAFs borough wide. **349 CAFs** have been undertaken over time – including **25 new cases** during the last quarter.



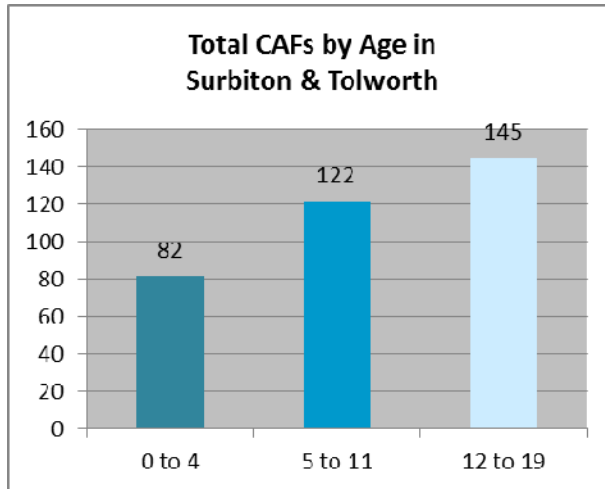
More males than females have gone through the CAF process, as shown below:



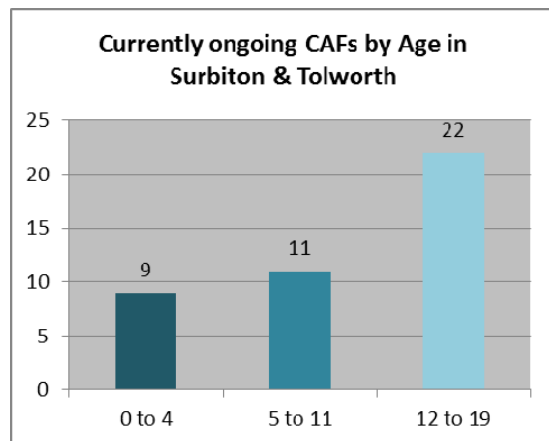
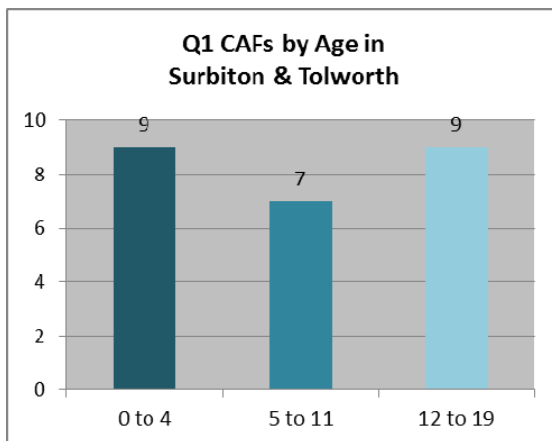
The trend remained during Q1 and for currently ongoing CAFs::



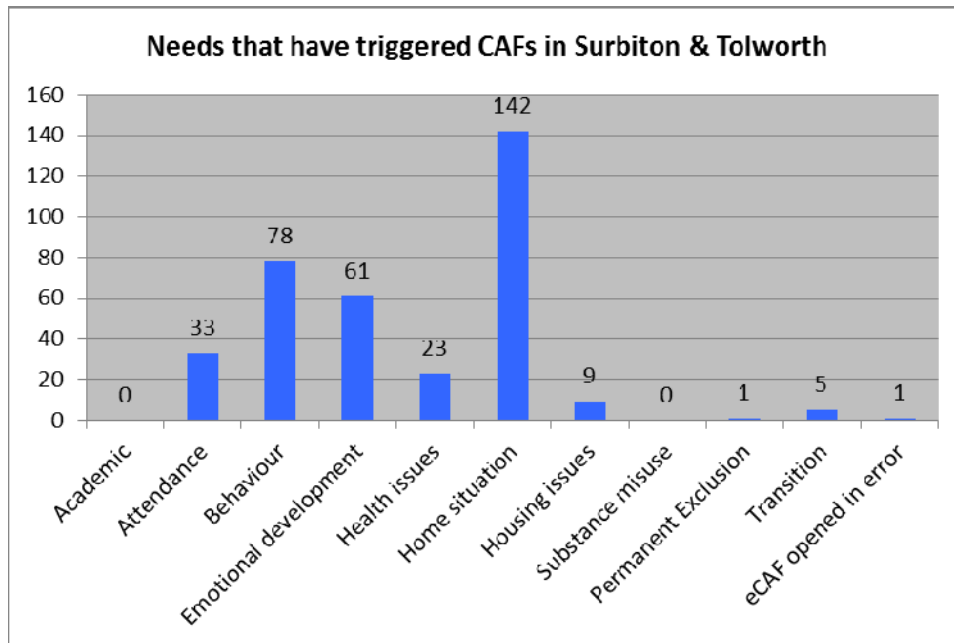
The 12-19s are the age group with the higher number of CAFs:



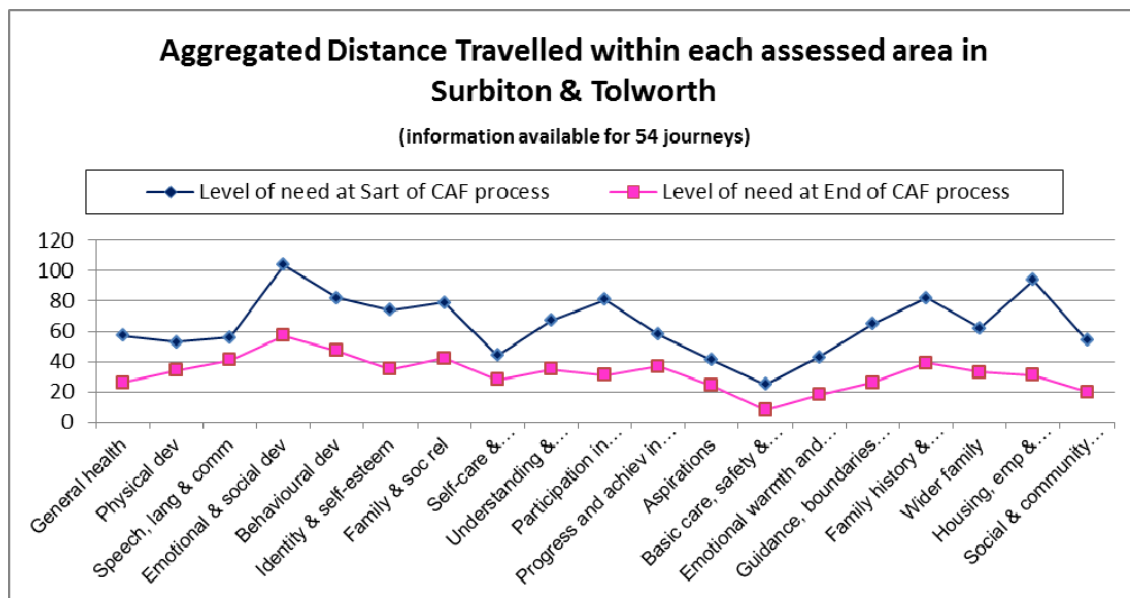
The graphs below show new CAFs initiated during Q1 and those currently ongoing:



The three key triggers for CAFs in S&T are *Home situation*, *Behaviour* and *Emotional development*. With the 12-19s and 5-11s age groups having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



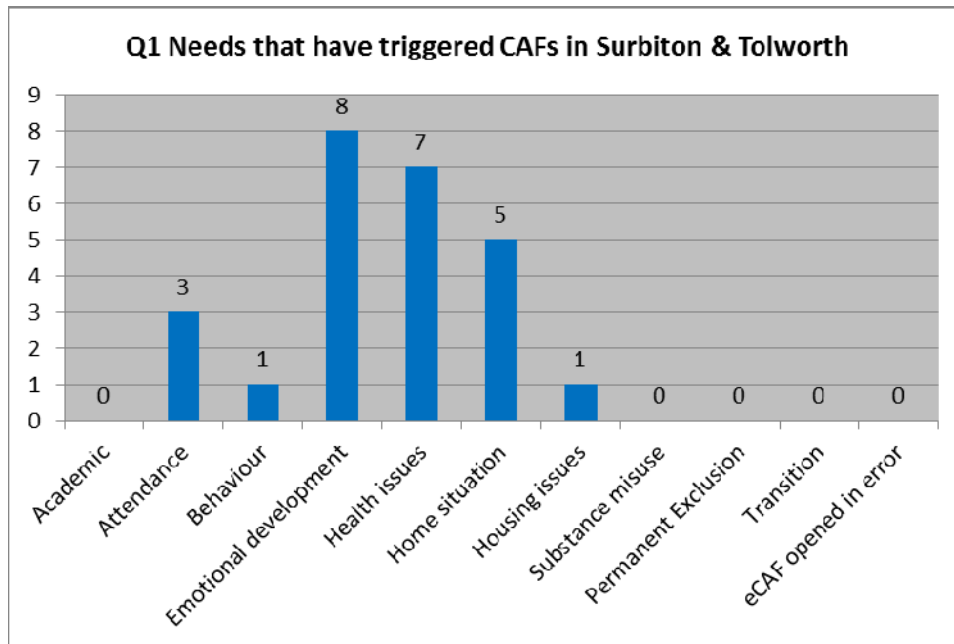
**Distance Travelled information** is available for **54 journeys** in this locality, including 13 *new journeys* this quarter. A *positive* DTT was experienced in all aspects in this local area.



**When looking at closed CAFs in relation to the key triggers:**

- 127 out of 141 cases triggered by the **Home situation** have now closed:
  - 48% achieved all or some outcomes, and
  - 22% stepped up to statutory services – 18% of these had been step downs.
- 70 out of 76 cases triggered by **Behaviour** issues have now closed:
  - 51.4% achieved all or some outcomes; and
  - 11.4% stepped up to statutory services.
- 49 out of 60 cases triggered by **Emotional development** have now closed:
  - 63.3% achieved all or some outcomes, and
  - 12.2% stepped up to statutory services.

**Emotional Development and Health issues** have been the key triggers during Q1:



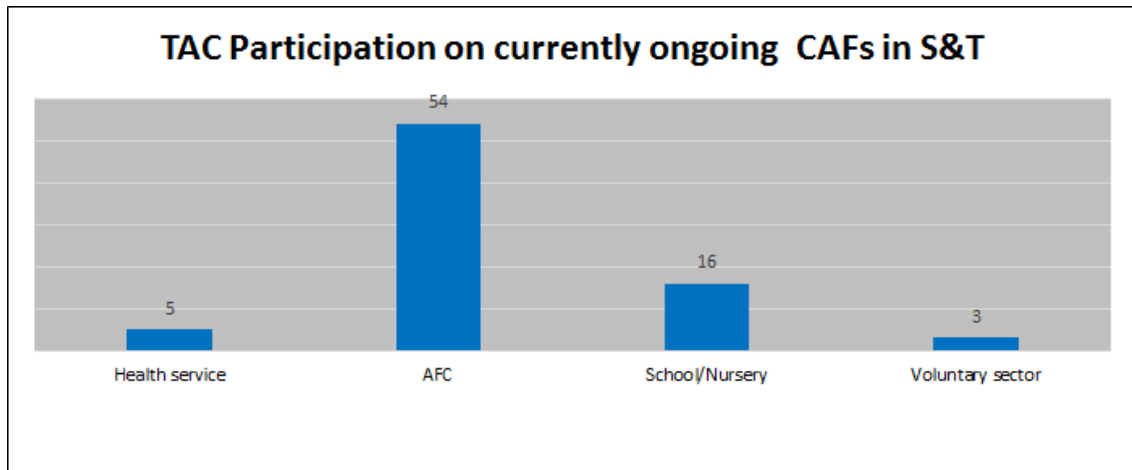
**42 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Home situation x 14
- Emotional development x 11
- Health issues x 7
- Behaviour x 6
- Attendance x 3
- Housing issues x 1

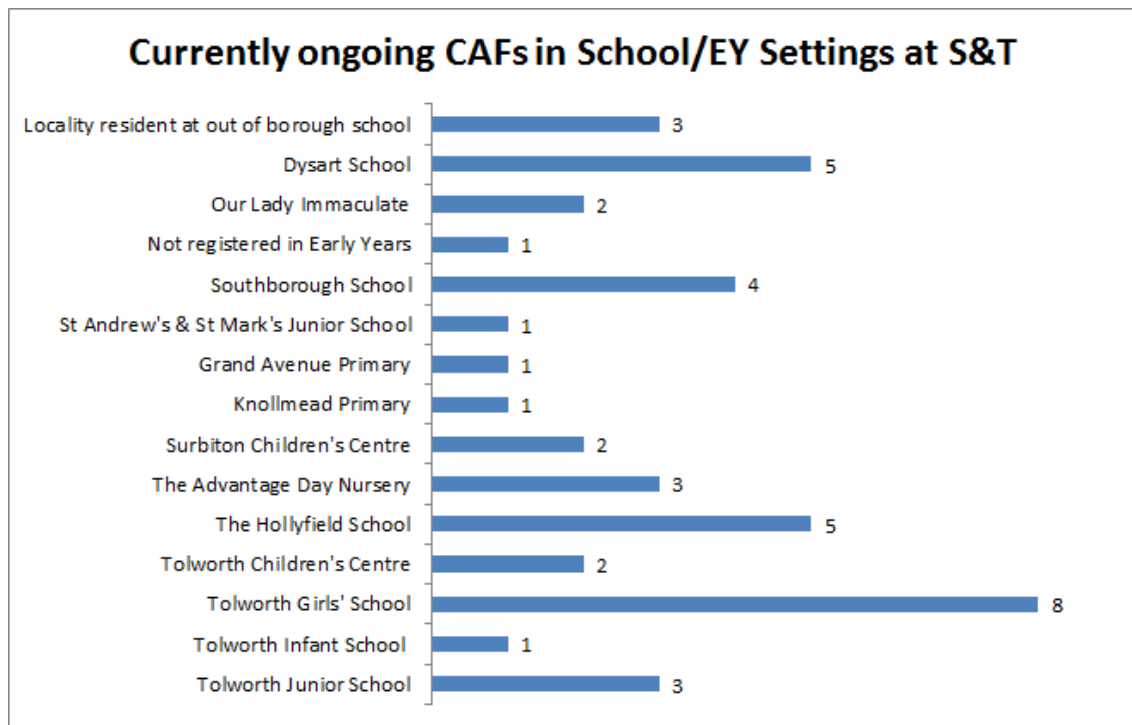
**Think family** information relating to these ongoing cases shows that:

- Parental mental health was identified in just under 50% of cases, with domestic abuse and financial issues featuring in nearly 30%;
- **43% of ongoing cases present 2 or more think family strands**

**TAC participation** for currently ongoing CAFs is as follows:

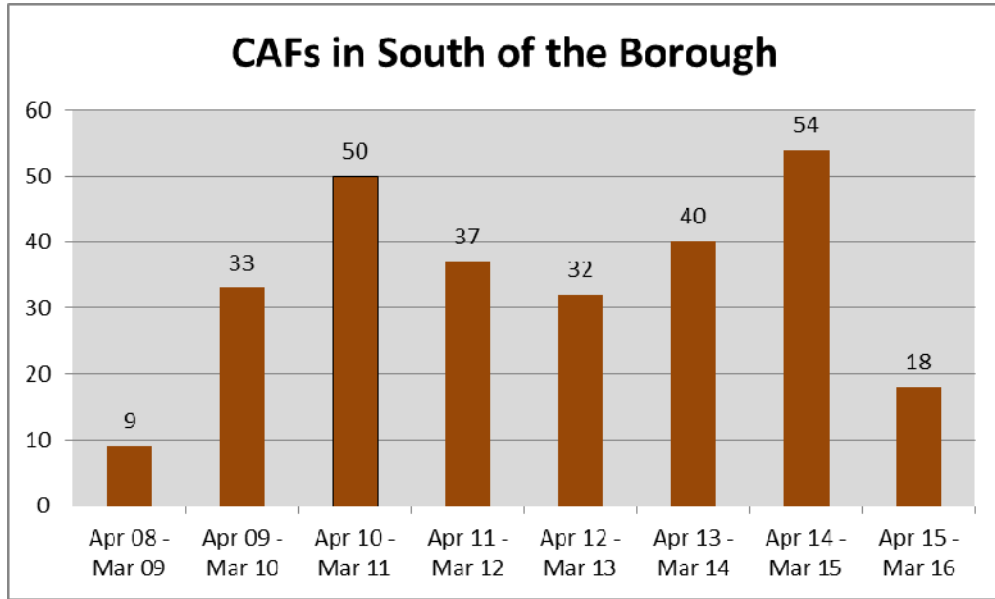


The graph below shows the **school / EY setting** distribution of open CAFs in S&T:

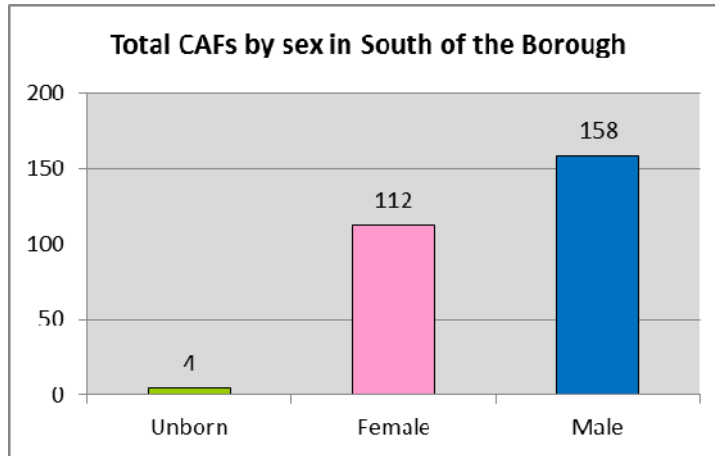


### 5.4 South of the Borough (SOB)

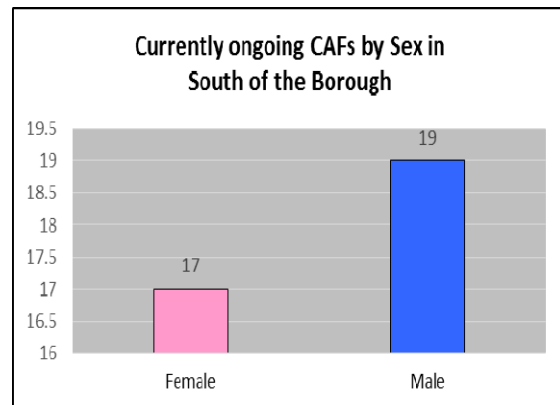
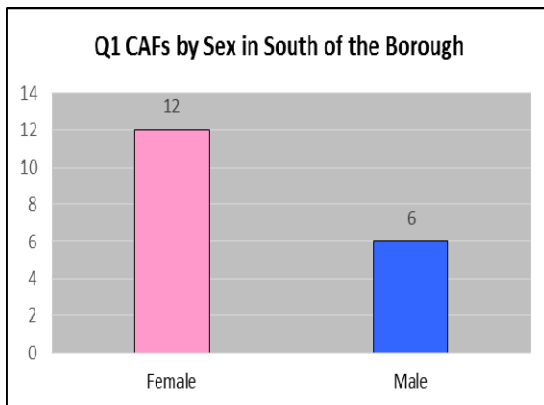
SoB account for a cumulative **19.8%** of the total CAFs borough wide. **273 CAFs** have been undertaken over time – including **18 new cases** during the last quarter.



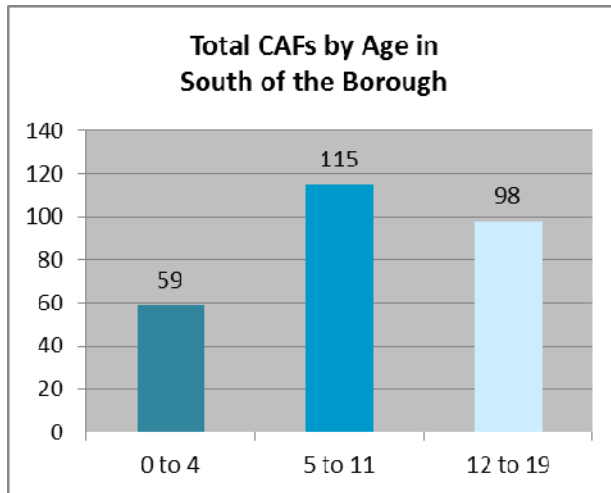
Significantly more males than females have gone through the CAF process in this locality:



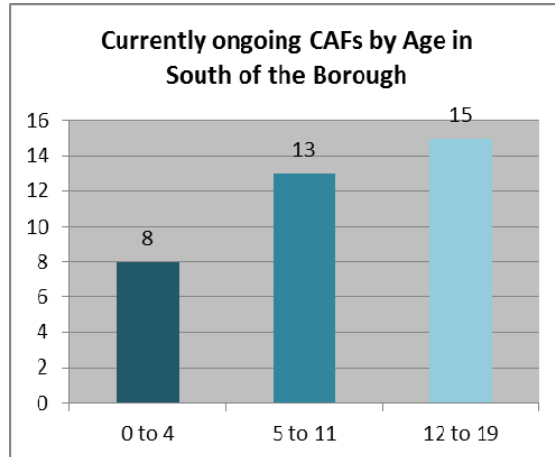
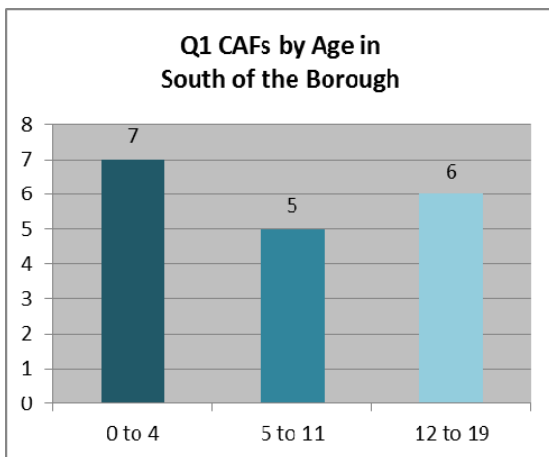
The trend reverted during Q1 but remains for the overall currently ongoing CAFs:



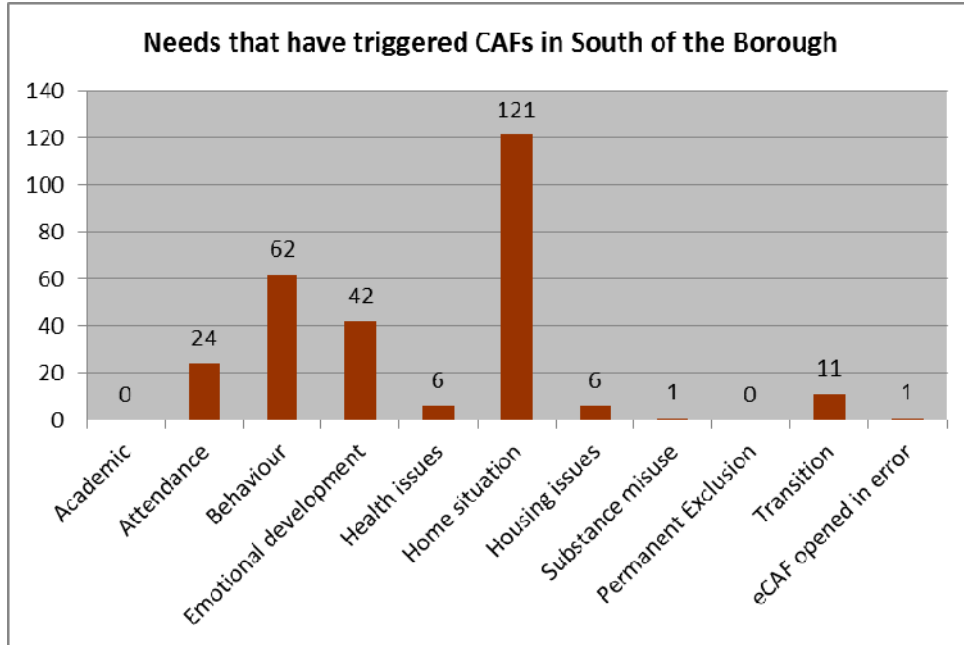
The 5-11s age group have clearly the higher number of CAFs in this locality:



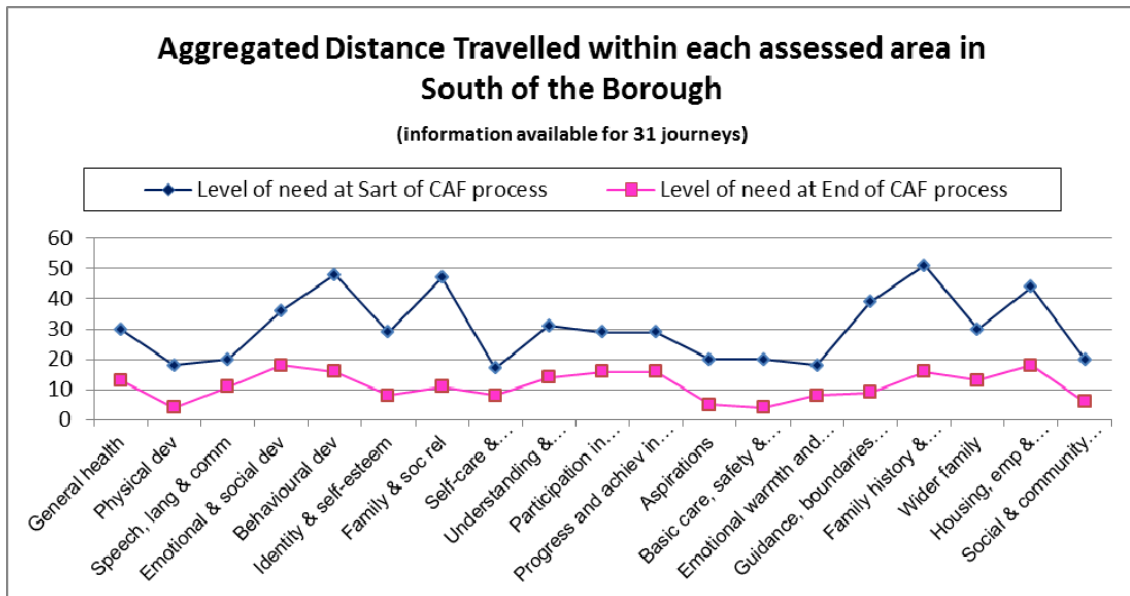
The graphs below show new CAF initiations during Q1 and currently ongoing CAFs:



The *Home situation* is the key trigger for CAFs in the SoB, followed by *Behaviour* and *Emotional development*. With the 5-11s age group having the most occurrences of CAFs, these triggers are consistent with those identified borough wide.



**Distance Travelled information** is available for **31 journeys** in this locality, including **10 new journeys** this quarter. A *positive* DTT was experienced in all aspects in this local area.

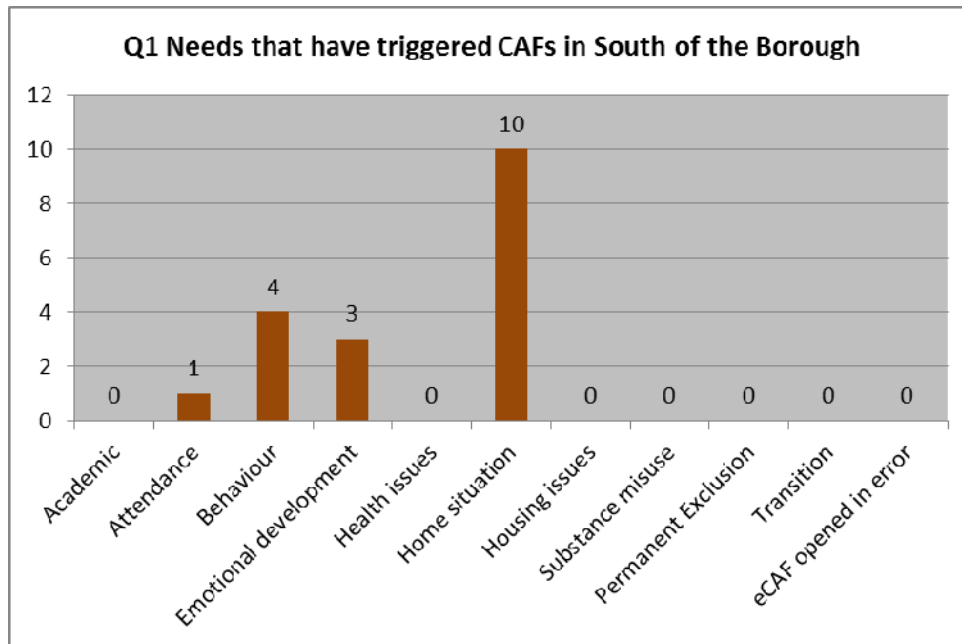




**When looking at closed CAFs in relation to the key triggers:**

- 108 out of 121 cases triggered by the **Home situation** have now closed:
  - 48% achieved all or some outcomes, and
  - 15.7% stepped up to statutory services – 41% of these had been step downs.
- 50 out of 61 cases triggered by **Behaviour** issues have now closed:
  - 42% achieved all or some outcomes, and
  - 22% stepped up to statutory services.
- 36 out of 42 cases triggered by **Emotional development** have now closed:
  - 63.8% achieved all or some outcomes; and
  - 19.4% stepped up to statutory services.

**Home Situation** has been the key trigger during Q1:



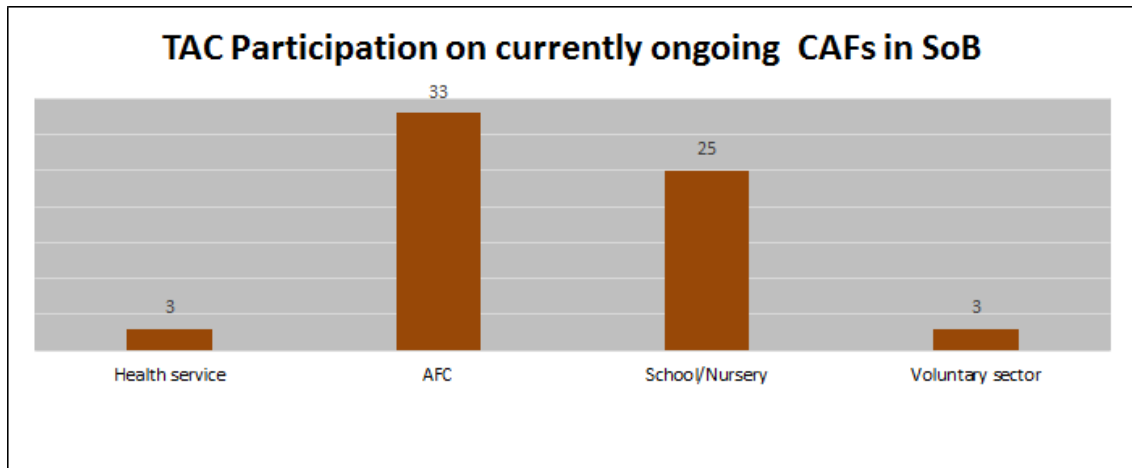
**36 cases** were ongoing at 30 June 2015, triggered by the following reasons:

- Home situation x 13
- Behaviour x 11
- Emotional development x 6
- Attendance x 3
- Health issues x 2
- Transition x 1

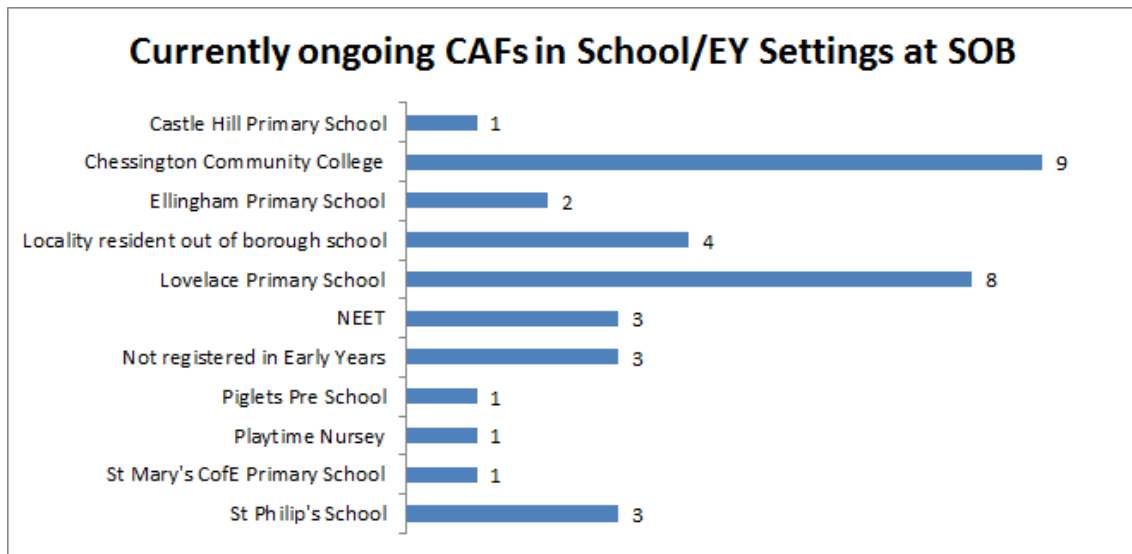
**Think family** information relating to these ongoing cases shows that:

- Domestic abuse was identified in over 35% of cases, with parental mental health and long term illness / disability issues present in just under 30%; financial issues featured in 20.6%;
- **58.3% of ongoing cases present 2 or more think family strands.**

**TAC participation** for currently ongoing CAFs is as follows:



The graph below shows the **school / EY setting distribution** of open CAFs in SoB:



## 6. IW Training Update in Richmond and Kingston

By: Claire Grayson, Professional Development Lead

### Workforce Development Lead

Claire Grayson has now formally taken over the Professional Development Lead role for Protection and Early Help from Cathy Reynolds. However, Cathy will still be a familiar face at training as she will be co-delivering courses with Shahilla Barok. The training will continue to be delivered across both boroughs.

If you have any questions or queries around the Integrated Working training programme please contact Claire on:

Email: [Claire.Grayson@achievingforchildren.org.uk](mailto:Claire.Grayson@achievingforchildren.org.uk)

Tel: 020 8487 5372

### Attendance

Attendance information is provided in the table below, there has been an excellent turnout across all courses over the last quarter. Family eCAF training is being well attended and there has been an increase in schools attending training this quarter. Last quarter 15% of delegates attending the training were from Schools this has increased over this quarter to 27%.

Please be reminded that before attending Family eCAF training delegates will need to have attended both CAF Part 1 and 2. It is essential that all delegates are involved with a CAF before attending the systems training.

### Evaluations from training

Delegates that have attended training over the past quarter have had provided the following feedback:

- It's helped/ refreshed me on and to understand how to start to deal with any issues children might have and where to start to get help. *(CAF Part 1)*
- I now feel confident to take on the Lead Professional Role in a TAC or TAF meeting and have a better understanding of setting smart targets to make a difference. *(CAF Part 2)*
- This course has offered some very valuable tools and insights to better work with parents in a more positive solution focused way. *(CAF Part 3)*
- It will save me a lot of time as I am able to navigate the system better. *(Family eCAF Systems Training)*

### Training for September 2015-August 2016

A full review of the past year's CAF training has taken place, and has fed into the training planning and delivery for the next academic year. New dates for the autumn are now available for booking.

### Booking Training

All delegates should view and book courses using CPD Online [www.afccpdonline.co.uk](http://www.afccpdonline.co.uk)  
If there are any difficulties or help is needed, please contact the Workforce Development Team on 020 8831 6353, [Workforcedev@richmond.gov](mailto:Workforcedev@richmond.gov)

## Children's Workforce Development Training Update

Quarter 1 April - June 2015		Course					Total	
		CAF Part 1	CAF Part 2	CAF Part 3	Family eCAF System Training	Information Sharing eLearning		
Sessions		4sessions	4 sessions	1 session	4 sessions	1 Session	Total	
Sector / Organisation Type	Early Years and Childcare	Childminder	3	1			5	76
		Children's Centres				1	2	
		Local Authority				2		
		Private, Voluntary & Independent	14	11	5		32	
	Health	Primary and Community Health	3	2	1	1	1	8
	Social, Family and Voluntary Support Services	Protection & Early Help	10	12	3	9	11	67
		Voluntary & Community	1	1	1		9	
		Local Authority						
		Social Care					1	
		School Improvement					7	
	Education Services	Adult & Community					2	28
		Academy				1		
		Independent	3	1			5	
		Special					2	
		State Maintained Primary	3	3	2	5	2	
	Youth	State Maintained Secondary					1	5
Voluntary & Community						1		
Business Support	Local Authority				2	2	4	
	Local Authority	1	1		1	1		
Sports & Culture	Local Authority					4	9	
	Voluntary & Community					5		
<b>Total</b>		<b>38</b>	<b>32</b>	<b>12</b>	<b>22</b>	<b>93</b>	<b>197</b>	